Growing Up GREAT!

The Way Forward

A Seven-Year Retrospective of Investment in and Scale Up of Gender-transformative Sexuality Education for Very Young Adolescents in DRC

April 2023

GEH Center on Gender Equity and Health | UC San Diego School of Medicine | Save the Children | GEAS Global Early Adolescent Study

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Recommended Citation:

Center on Gender Equity and Health. (2023). *A Seven-Year Retrospective of Investment in and Scale-up of Gender-transformative Sexuality Education for Very Young Adolescents in DRC: End of Project Summative Research Note*. La Jolla, CA: Center on Gender Equity and Health at the University of California San Diego for the Bill & Melinda Gates Foundation.

Attribution Statement:

The Growing Up GREAT!: The Way Forward project was made possible, in part, by the generous support of the Bill & Melinda Gates Foundation and of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. AID-OAA-A-15-00042. This report was prepared by Kathryn M. Barker, Khudejha Asghar, Francine Wood, and Rebecka Lundgren at the Center on Gender Equity and Health at the University of California San Diego (GEH/UCSD), and Jennifer Gayles at Save the Children. The contents are the responsibility of GEH/UCSD, GEAS, and Save the Children and do not necessarily reflect the views of the University of California San Diego, Johns Hopkins University, the Bill & Melinda Gates Foundation, USAID, or the United States Government.

TABLE OF CONTENTS

A Note from the Project Director 1

Acknowledgements 2

Growing Up GREAT!'s Leadership 3

The Growing Up GREAT! Consortium 3

Stakeholder Reference Group 3

Youth Advisory Council 4

The Growing Up GREAT! Intervention: A Brief Overview 5

Theory of Change. 8

The Unique Kinshasa Context 8

Growing Up GREAT!: The Way Forward 9

Building and Sustaining a Culture of Learning 11

Growing Up GREAT! Data Sources. 12

Evaluation 13

Short-Term Impacts of GUG 14

Sustained Change: GUG's Longer-Term Impact 17

Emerging Change: Novel Impacts Three Years Later 18

Not All Good Things Last: Findings Which Faded by Wave 5 18

Scale-Up 20

Scale-up Strategy: Institutionalizing and Expanding GUG's Reach 22

Scale-up Benchmarks & Achievements. 24

Scale-up Learning 29

Recommendations & Conclusions 31

References 34

Appendix A. Evaluation Results by Wave 36

Appendix B. Scale-up Benchmarks. 44

Table of Figures

Figure 1. Growing Up GREAT! Theory of Change **8**

Figure 2. Growing Up GREAT!: The Way Forward Project Lifecycle **10**

Figure 3. Growing Up GREAT! Strategies for Stakeholder Engagement **21**

Figure 4. Institutionalization and Expansion for Sustainability **22**

Figure 5. Summary of Growing Up GREAT! Institutionalization
Achievements in the First Two Years of Scale Up **26**

Table of Tables

Table 1. Benchmarks for expanding reach
and impact of GUG within intervention zones **25**

Table 2. Benchmarks for Institutionalizing GUG within the Ministry of Education,
Ministry of Health, and Community-based Organizations for Sustainability **28**

Table 3. Benchmarks for Scale-up Learning **29**

ACRONYMS

BMGF ...... Bill & Melinda Gates Foundation
CBO .... Community-Based Organization
CHW ...... Community Health Worker
DEVC ...... Family Life Education Directorate
DRC .... Democratic Republic of the Congo
EPST .... Ministry of Primary, Secondary and Technical Education
FLE .... Family Life Education
FP .... Family Planning
GAC .... Global Affairs Canada
GBV .... Gender-based Violence
GEAS ...... Global Early Adolescent Study
GUG .... Growing Up GREAT!
IRH .... Institute for Reproductive Health
IPV .... Intimate Partner Violence
JHU .... Johns Hopkins University
KSPH ...... University of Kinshasa School of Public Health
MOE .... Ministry of Education
MOH .... Ministry of Health
NGO .... Non-governmental Organization
PNSA ...... National Adolescent Health Program
RECO ...... Community Relays
RECOPE ... Community Networks for Child Protection
SNET ...... Social Norms Exploration Tool
SRG .... Stakeholder Reference Group
SRH .... Sexual and Reproductive health
UCSD ...... University of California San Diego
USAID ..... United States Agency for International Development
VYA .... Very Young Adolescent

A NOTE FROM THE PROJECT DIRECTOR

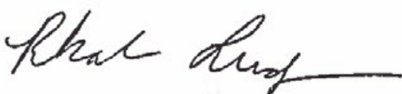
Investments in very early adolescents offer the opportunity to shift inequitable attitudes about gender roles and traits before these attitudes solidify later in life. These attitudinal shifts collectively shape local gender and social norms that impact lifelong sexual and reproductive health outcomes and equitable relationships.

This report summarizes a seven-year effort surrounding a program designed to address these issues: Growing Up GREAT!—an evidence-based gender-transformative sexual and reproductive health (SRH) program for in-school and out-of-school very young adolescents (VYAs) ages 10–14 years, and the important adults in their lives. Growing Up GREAT! was developed, piloted and scaled in Kinshasa, DRC from 2015–2022 and is based on evidence-based programs for adolescents in Nepal, Uganda, and Rwanda.

Longitudinal evaluation results demonstrate Growing Up GREAT!'s ability to increase SRH knowledge and communication and improve key gender attitudes among VYA participants, both immediately after the intervention and years later. Thanks to this demonstrated impact and its culturally-adapted content, Growing Up GREAT! was selected for inclusion in the Ministry of Health's National Adolescent Health Program (MSP/PNSA) 3-year strategic plan as the flagship approach for engaging and supporting adolescent reproductive health among VYAs. It was also fully integrated into the Ministry of Education's Department of Family Life Education (EPST/DEVC) program, including in all pre- and in-service training documents and teaching aids. Both Ministries are currently advocating to bilateral partners and international non-governmental organizations (NGOs) for continued funding of the approach. In the final year of scale-up, Growing Up GREAT! was also integrated into programming supported by the Ministry of Social Affairs.

The following pages describe the processes and learnings across the project lifecycle: 1) laying the foundations for implementation and long-term sustainability, 2) piloting the intervention in urban Kinshasa, 3) assessing multiple data streams in multi-sectoral partnerships to scale the project within local and national systems. Throughout these phases, our team has been guided by principles of responsive feedback and the related USAID approach of 'Collaborating, Learning, and Adapting.' These adaptive management approaches expect periodic course correction in the intervention, continuous and meaningful stakeholder involvement, and a culture of continuous learning. Our team implemented these approaches in thanks to extraordinary collaboration and communication between our joint funders: the U.S. Agency for International Development and the Bill & Melinda Gates Foundation.

It is our hope that policy-makers, program implementers, and implementation scientists may each find learnings within this report that may be applied to future work.



Rebecka Lundgren, PhD | *Director, Growing Up GREAT!: The Way Forward*

ACKNOWLEDGEMENTS

Report authors would like to recognize the outstanding contributions of the many people who invested their time, expertise and passion in Growing Up GREAT!, especially Mariam Diakité, independent consultant, Save the Children staff Callie Simon and Brad Kerner, along with Sarah Smith and Princess Luna from GEH and Susan Igras, Lea Satta and Brianán Kiernan from the Institute for Reproductive Health at Georgetown University. We thank the Save the Children team based in Kinshasa, DRC for leading implementation and scale up of Growing Up GREAT!: Pierrot Mbela, Blandine Aveledi Nanga, Hippolyte Nkoy, Grace Molisho, Eric Mabika, Eric Rico Kasongo, Pascaline Palama, Mira Nkumpanyi, Ida Baderhabusha, Alex Fikiri, Willy Onema, Laurent Bahizire, Florentine Diantisa, Nadine Wembanyama, Mike Alongoli, Prisca Safari, Celestin Chihuguyu and Willy Mukembanyi. We also would like to acknowledge the scale-up guidance provide by Alexis Ntabona from ExpandNet.

The quantitative outcome evaluation findings would not have been possible without the persistence and commitment to survey excellence of the Global Early Adolescent Study (GEAS) Team who worked together to design the research, develop the tools and collect and analyze three waves of longitudinal cohort data under evolving and challenging conditions. The study team includes Robert Blum, Caroline Moreau, Kristin Mmari, Leah Koenig, Kara Hunersen, Lydia Animosa and Mengmeng Li at the Johns Hopkins University Coordinating Center in Baltimore as well as the team at the Kinshasa School of Public Health, led by Eric Mafuta and Aimé Lulebo and the late Patrick Kayembe.

We also acknowledge the Ministry of Public Health's National Adolescent Health Program and the Ministry of Education's Family Life Education Department, the Stakeholder Reference Group, and members of the Youth Advisory Board. Additionally, we thank our community partners, including Association pour le Bien Être Familial et Naissances Désirables (ABEF), Actions Chrétiennes de Défense des Droits de l'Enfant Défavorisé et de la Fille Mère (ACHREDDEF), Associations des Défenseurs des Droits Humains pour le Développement Communautaire (ADDHDC), Alliance Communautaire pour la Promotion des Droits Fondamentaux (APDF), le Goupe El Dorado (GE), Réseau des Associations des Jeunes et Adolescents Congolais en Population et Développement (RAJECOPOD), Union Féminine du Millénaire (UFEM), Union des Jeunes Cadets (UJCA) and the many neighborhood child protection networks (RECOPE) who drew on their deep community connections to support this work. Most importantly, we thank the young people, their parents and community members of Kimbanseke, Masina and Ndjili communes in Kinshasa who generously shared their time and experiences with the research and program teams, in hopes of improving the future of their communities.

Finally, we thank our funders Perri Sutton, Laura Hahn and Clarissa Lord Brundage at the Bill & Melinda Gates Foundation and Linda Sussman, Caitlin Thistle and Joan Kraft at USAID for their flexibility, moral support and guidance across multiple project stages.

GROWING UP GREAT!'S LEADERSHIP

Growing Up GREAT! (GUG) intervention, research, and scale-up activities were led by a cross-disciplinary consortium of implementation, research, and scale-up experts and informed by an advisory body of local stakeholders. Project activities were supported by complementary funding from the Bill & Melinda Gates Foundation (BMGF) and the United States Agency for International Development (USAID).

The Growing Up GREAT! Consortium

The GUG consortium (also referred to as the 'project team') includes three bodies of experts:

1. **Implementing and Scale-Up Partners**: Save the Children led intervention development, implementation, monitoring, and scale up. These activities were conducted in collaboration with local community-based organizations (CBOs) and child protection networks: Association pour le Bien Être Familial et Naissances Désirables (ABEF), Actions Chrétiennes de Défense des Droits de l'Enfant Défavorisé et de la Fille Mère (ACHREDDEF), Associations des Défenseurs des Droits Humains pour le Développement Communautaire (ADDHDC), Alliance Communautaire pour la Promotion des Droits Fondamentaux (APDF), le Goupe El Dorado (GE), Réseau des Associations des Jeunes et Adolescents Congolais en Population et Développement (RAJECOPOD), Réseaux communautaires de protection des enfants (RECOPE), Union Féminine du Millénaire (UFEM), Union des Jeunes Cadets (UJCA).
2. **Research & Technical Partners:** Learning, research, monitoring, and guidance on sustainable scale up started under the Institute for Reproductive Health (IRH) (2015–2022) and subsequently transitioned to the Center on Gender Equity and Health at the University of California San Diego (GEH/UCSD) (2018–2023) under the leadership of project director Dr. Rebecka Lundgren.
3. **Evaluation Partners:** Johns Hopkins University Bloomberg School of Public Health managed a team of researchers involved in the Global Early Adolescent Study (GEAS) who executed the outcome evaluation research in a strong, continuing relationship with local research partner the Kinshasa School of Public Health (KSPH). In addition, a local research partner, Experts SARL, was commissioned to do a qualitative study to examine readiness of local stakeholders to take over program elements from the implementing partners.

Stakeholder Reference Group

From GUG's inception, the GUG Consortium worked to engage key stakeholders in the DRC through a multi-disciplinary Stakeholder Reference Group (SRG). Co-chaired by the National Program for Adolescent Health (MOH/PNSA) and the Department of Family Life Education (MOE/DEVC), the

SRG served as GUG's technical advisory committee. The SRG comprised nearly 50 members from governmental and civil society organizations who were engaged in ASRH and had a strong working knowledge of the local context and cultures at play within intervention sites. Efforts were made to involve these stakeholders in every phase of the project, starting with intervention design and continuing through to pilot and scale-up. The SRG was ultimately responsible for validating project content and approaches, providing technical oversight and recommendations throughout implementation, and promoting program scale-up.

In the final years of the project, key members of the SRG joined representatives from two CBOs to form *the Resource Team*—a continuation of the SRG focused specifically on guiding scale-up efforts. Given the SRG's role in advising and actively participating in technical oversight and joint supervision since project launch, it made sense to leverage the group's technical and operational expertise to support scale-up implementers. An updated Terms of Reference described the shifted roles and responsibilities of the Resource Team during scale up, including participating in quarterly learning meetings, supporting scale-up implementers to troubleshoot persistent challenges, liaising with provincial and district level health and education officials as necessary, and helping ensure clear communication loops for sharing/reporting of monitoring and supervision data. The Resource Team members included representatives from the following institutions and organizations:

- The Ministry of Health, represented by the PNSA and the National Reproductive Health Plan (PNSR)
- The Ministry of Primary, Secondary and Technical Education (EPST), represented by the Director of Family Life Education (FLE)
- The Ministry of Social Affairs
- The Ministry of Women, Families and Children
- The Ministry of Youth
- United Nations Agencies, including representatives of UNFPA and UNICEF
- International non-governmental organizations (NGOs) with related programming
- Local resource CBOs (RAJECOPOD and ABEF)

Youth Advisory Council

In addition to the Consortium and SRG, a Youth Advisory Council (YAC) was created in 2017 to provide substantial and meaningful opportunities for youth to contribute to and lead program learning, evaluation and adaptation. Forming the YAC was a key goal of the project, and the YAC continues to elevate the voices and perspectives of youth in their communities. Youth members worked to officially establish the group by obtaining NGO status in 2022, which represents a direct result of their work, leadership, and capacities that were strengthened during GUG.

THE GROWING UP GREAT! INTERVENTION: A BRIEF OVERVIEW

Growing Up GREAT! is a nine-month multi-level sexuality education program for boys and girls ages 10–14 years. Informed by the social-ecological model, GUG targets adolescents, parents/caregivers, teachers, and health providers to foster a supportive environment for adolescents to understand and examine sexual and reproductive health (SRH) topics and related social and gender norms. The intervention: 1) builds VYAs' gender-equitable attitudes and behaviors, their self-efficacy, puberty and reproductive health knowledge; and 2) engages the adults with whom VYAs interact in home, school, and healthcare environments through facilitated discussions and community reflection sessions (see Box 1 for additional information).

The GUG intervention draws upon learnings consolidated across three earlier evidence-based norms-shifting projects[1] in Uganda, Rwanda, and Nepal:

1. **The Gender Roles, Equality and Transformation (GREAT) Project:** a package of evidence-based, scalable, life-stage tailored interventions to transform gender norms, increase contraception use, reduce gender-based violence (GBV), and promote gender-equitable attitudes among adolescents in Uganda [3].

2. **GrowUp Smart:** a curriculum-based package of interactive puberty and body literacy materials for VYAs and their caregivers in Rwanda. GrowUp Smart featured informational sessions with caregivers to increase their knowledge and build their communication skills [4].

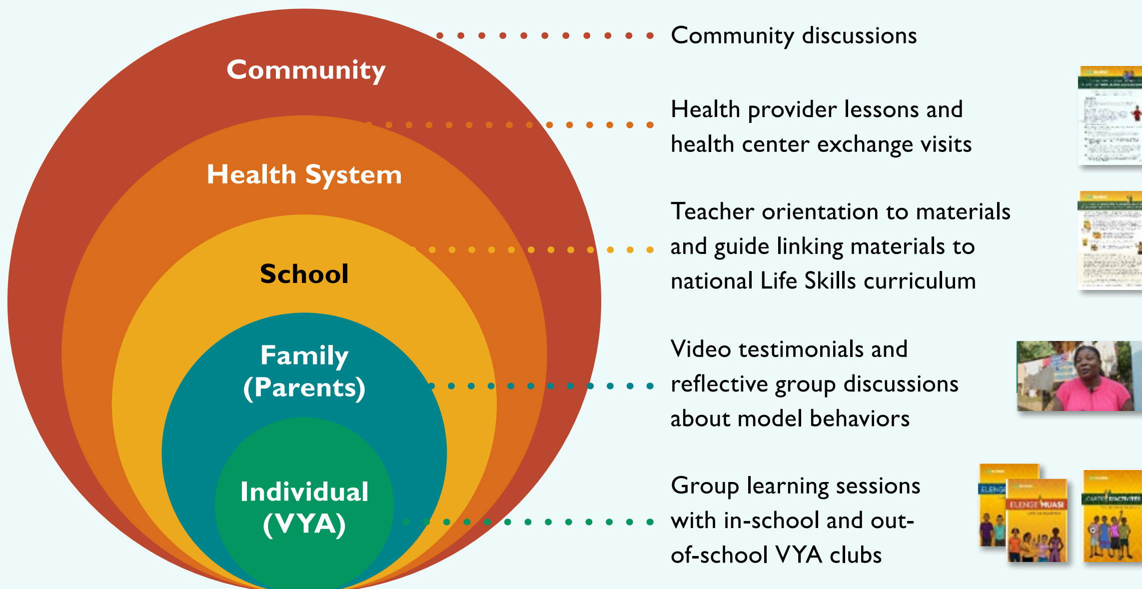
3. **Choices, Voices, Promises:** a gender norms transformative approach for VYAs in Nepal, using a socio-ecological approach to foster change at three levels, including the use of emotion-based videos and facilitated group discussion to engage caregivers on gender equity in families [5].

Based on these previous successful programs, GUG was implemented in Kinshasa from September 2017 through May 2018 in two communes—Kimbanseke and Masina—among 2,350 very young adolescents (VYAs) ages 10–14 years. The intervention targeted in-school and out-of-school VYAs and their caregivers through parallel activities implemented in schools or in existing community groups or youth safe spaces. In addition, over 2,000 caregivers and 2,200 community members participated in groups to watch and discuss testimonial videos featuring local parents who had adopted positive norms-driven SRH behaviors.

In 2018, a further adaptation to the intervention was made—known as *Bien Grandir Plus!* (Growing Up GREAT!+)—to reach older adolescents (ages 15–19) with support from Global Affairs Canada (GAC).

1 More information on the three antecedent projects is available in the Growing Up GREAT! Implementation Guide (see Annex A: GUG Adaptation Guide) [1-2]. The GUG Adaptation Guide also: 1) provides step-by-step guidance on how to adapt the GUG intervention and materials to other contexts; 2) offers advice on how to build stakeholder and community support for the intervention throughout the material design and testing phases; and 3) helps programmers consider how to integrate the intervention approach into local health, education and social infrastructure.

Box 1. | *The Growing Up GREAT! Intervention Package*



Informed by the social-ecological model, the multi-level GUG intervention structures program content and activities to reach boys and girls ages 10–14, and the important adults in their lives, with information to understand and examine adolescent sexual and reproductive health issues and the social and gender norms linked to these health outcomes.

INDIVIDUAL LEVEL

VYA Clubs and Learning Sessions

In-school VYAs participate via school-based clubs (26 mixed-sex weekly meetings lasting 60–90 minutes each) and teacher-led classroom lessons using the GUG Toolkit (cost is approximately $100 per Toolkit) over the course of the school year. Each school club of 25–30 VYAs nominates 6 members to attend a half-day orientation, and then to lead club meetings with assistance from trained, participating teachers. Teachers are encouraged to use materials within existing lesson planning to allow for a flexible program delivery approach.

Community clubs for out-of-school VYAs meet weekly for 28 weeks. These sessions are facilitated by trained CBO staff.

Topics covered for all VYAs relate to puberty, healthy behaviors and relationships, and equitable gender roles. The GUG Toolkit contains story books, activity cards, a game, a set of CycleBeads®, and take-home puberty booklets for VYAs.

FAMILY LEVEL

Caregiver Testimonial Videos & Discussion

Caregivers of GUG club members participate in six sessions over a six-month period. Each session centers on "caregiver testimonial videos": videos of local caregivers performing and discussing topics covered in GUG VYA clubs. These videos are designed to promote dialogue and imitation among viewers in order to: promote more-egalitarian support for adolescents; address VYA's puberty, fertility and health issues; foster gender-equitable healthcare seeking-behaviors; and, improve communication on sensitive issues.

SCHOOL LEVEL

Classroom Integration

Teachers receive training on the GUG Toolkit and learn how to integrate it into classroom lessons of the Family Life Education program, as well how to support school-based clubs.

COMMUNITY LEVEL

Community Reflection Sessions

Two community reflection sessions are held in neighborhoods surrounding participating schools (those with VYA clubs) or hosting community-based clubs for out-of-school VYAs. Attendees include community leaders, such as religious leaders and civic authorities. These sessions use the caregiver testimonial videos and a participatory game to spark reflection and conversation.

HEALTH SERVICE LEVEL

Health System Linkages

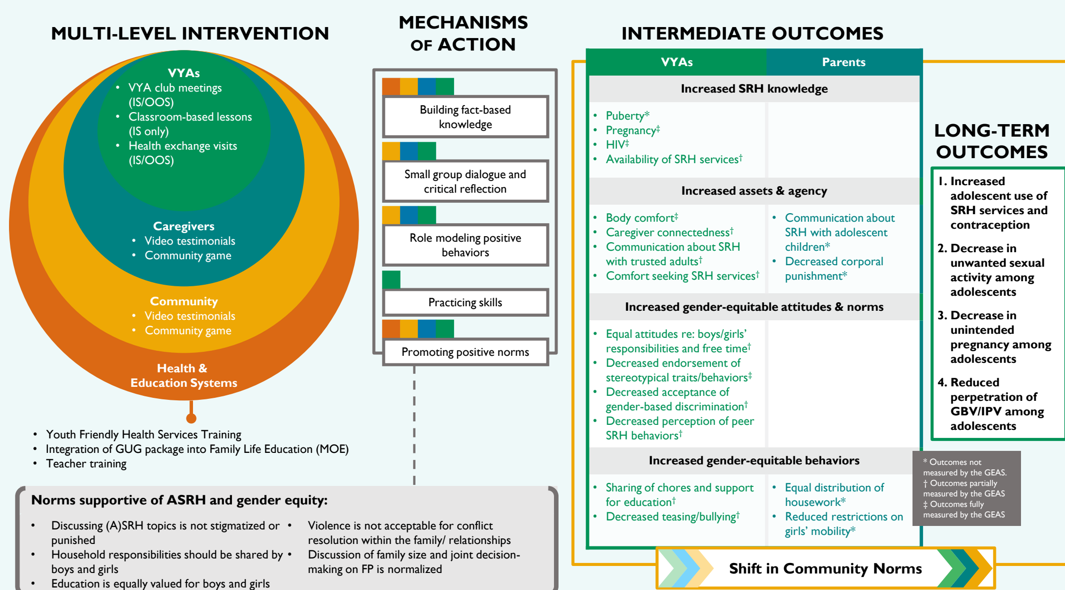
Activities to link health services with VYAs include one health provider-led session and one exchange visit to a nearby health center for each school- and community-based VYA club. This builds VYAs' trust in facility-based providers and normalizes information- and service-seeking by VYAs. Growing Up GREAT! materials for service providers and teachers facilitate and contextualize these activities.

Theory of Change

The project's Theory of Change (ToC), based on the socio-ecological model, acknowledges that many factors influence VYAs including important actors in the lives of VYAs who shape their normative environment as they mature into adults. This ToC was developed in tandem with the project activities at the start of the project and was refined throughout the life of the project to incorporate learning and results.

As shown in Figure 1, the hypothesized pathways for change include the key intervention elements and the multi-level mechanisms of action. Informing these mechanisms of action are social norms that support adolescent SRH and gender equality. Ultimately, it was hypothesized that GUG would lead to long-term outcomes of increased adolescent use of SRH services and contraception, decreased unwanted sexual activity and unintended pregnancy, and reduced perpetration of GBV among adolescents.

Figure 1. | *Growing Up GREAT! Theory of Change*



The Unique Kinshasa Context

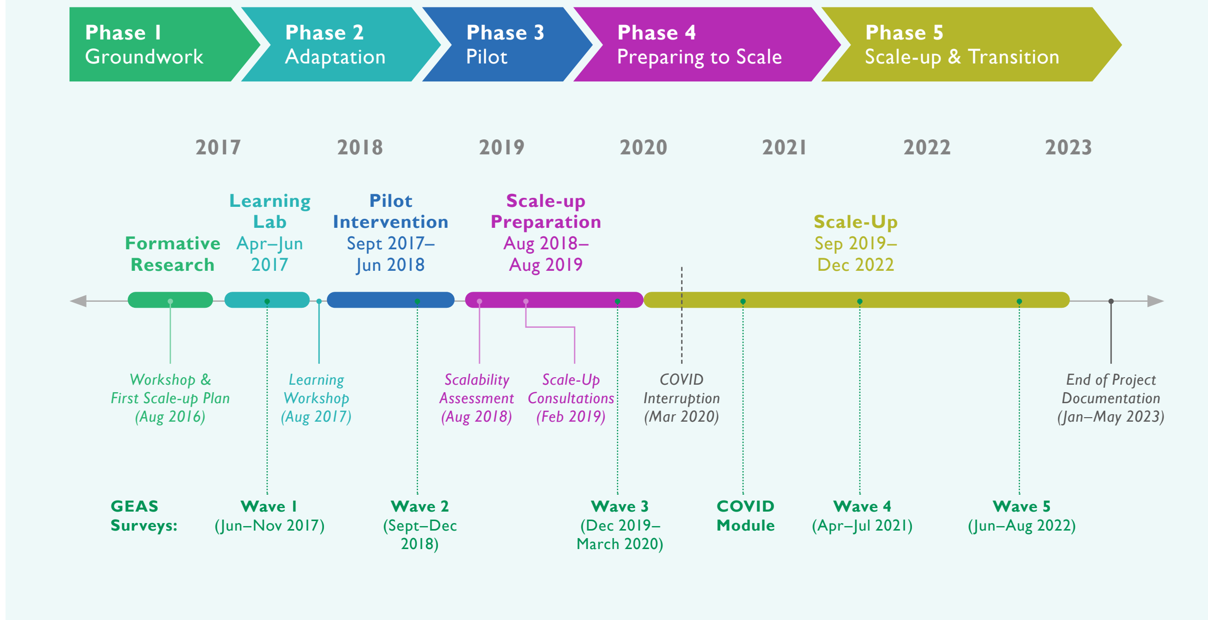
Adolescent reproductive health is a key social issue in Kinshasa, the capital of the Democratic Republic of the Congo (DRC). Over half (57%) of DRC's population is under 24 years of age and 23% are adolescents (aged 10–19 years) [6]. By 18 years of age, 12.7% of girls are married, 11.4% have had their first birth, 52.7% have had sex, and 24.5% have ever used contraception [6]. The

most recent Demographic and Health Survey in the DRC from 2014 found that 54% of male respondents between the ages of 25–49 years had sex before the age of 18, while 65% of female respondents had sex before the age of 18. Among male respondents in this same age group, 7% were married before the age of 18, whereas 43% of female respondents were married before the age of 18 [7]. The DRC has ranked among the top 10 countries with the highest 12-month prevalence rates of IPV, and has the highest prevalence rate of IPV in sub-Saharan Africa [8]. Additionally, the latest Demographic and Health Survey found that in Kinshasa, 57% of ever-partnered women and girls ages 15–49 had experienced physical, intimate partner violence in their lifetime [7]. Studies on gender and social norms reveal that GBV, and especially intimate partner violence (IPV), are widespread, with masculine norms strongly associated with control, dominance, and superiority over women [9-10]. Very young adolescents (VYAs)—adolescents ages 10–14 years—are particularly vulnerable to poor health and nutrition, and limited educational and livelihood opportunities in volatile, insecure, and expensive Kinshasa. While the government does have an adolescent department within the Ministry of Health (MOH), and a national Family Life Education curriculum for schools mandated by the Ministry of Education (MOE), scarce resources and still-developing capacities mean that many VYAs lack access to high quality, age-appropriate reproductive health information and services.

GROWING UP GREAT!: THE WAY FORWARD

Growing Up GREAT!: The Way Forward (GUG-TWF) represents the GUG Consortium's efforts to not only implement the GUG intervention but also to: 1) ensure long-term sustainability of VYA programs via strategic partnerships and targeted scale-up efforts; and 2) develop the evidence base to advance understanding of gender socialization processes and provide guidance on how interventions can help young people navigate the critical developmental period of early to older adolescence by supporting them as they learn about and eventually engage in healthy sexual relationships and family planning use. The project life cycle (Figure 2) was planned to maximize opportunities for learning across these three domains: program implementation, scale-up efforts, and evidence generation.

Figure 2. | *Growing Up GREAT!: The Way Forward Project Lifecycle*



Phase 1

Phase 1 of the program included rapid formative research, drawing on workshops with youth, parents and Ministry stakeholders to adapt the previously-validated interventions to urban Kinshasa. The Stakeholder Reference Group was formally convened during this phase to contribute to intervention adaptation, validate the final package of materials, and support development of a preliminary scale-up plan during a workshop in August 2016 in Kinshasa. This plan focused on generating credible, actionable evidence, engaging stakeholders, and developing a scalable intervention. Local implementing partners (CBOs) were also identified during this phase via an open call for organizations with experience working with and for young people.

During the first phase of the project, as the GUG Consortium was developing the intervention package, consortium members used the Social Norms Exploration Tool (SNET) [11], a participatory learning and action tool, to guide the social norms exploration with VYAs and caregivers, and their reference groups. The insights from this activity were used to guide the design of the intervention as well as the evaluation measures.

Phase 2

Phase 2 was known as the Learning Lab, which included a rapid pilot test to determine how to adjust the intervention package prior to implementation to ensure that it met the needs of VYAs and their communities in Kinshasa. During this three-month phase, regular activity monitoring began, and Learning Meetings were initiated. These meetings brought together implementers to review available data, discuss observations and recommend adaptations and improvements as necessary.

Phase 3

Phase 3 was the official pilot of the GUG intervention, held between 2017 and 2018 in two communities (Masina and Kimbanseke), and was assessed by a baseline and endline evaluation survey [12]. Project monitoring and documentation efforts that started during the Learning Lab (Phase 2) were strengthened and continued during this phase. The YAC was also formed during this phase to provide substantial and meaningful opportunities for youth to contribute to program learning, evaluation and adaptation. Implementation, learning, and evaluation findings pointed to a handful of needed revisions to the intervention, especially the video discussion guides for caregiver and community sessions. The guides were revised to include more content on open and respectful communication with VYAs and non-violent discipline, a topic frequently requested by participants during implementation.

Phase 4

Phase 4—The Preparing to Scale Phase began at project inception with the preliminary scale-up plan and scalable intervention design; however, once pilot data became available in August 2018, preparations for scale began in earnest. After the pilot (Phase 3), the GUG Consortium held a workshop with the SRG to determine whether results from the pilot justified further implementation and scale, and whether the intervention met the CORRECT criteria for scale-up [13]. After closely reviewing evaluation results and discussing implementation experience, the decision was made to continue to the scale-up phase albeit with the caveat that certain changes (e.g., adjustments to content and terms within GUG materials to improve usability and comprehension, and expansion of topics covered in video discussion guides for parents/caregivers) be made to ensure maximum potential for integration and sustainability. During this workshop, GUG Leadership also aimed to establish guidance for GUG's institutionalization into key Congolese Ministry platforms and to reach more individuals with the intervention.

Phase 5

Phase 5—Scale-up—officially began two academic years following the start of the pilot. This phase included targeted discussions between the *Save the Children* team in DRC; four *CBOs* involved in implementation—Alliance Communautaire pour la Promotion des Droits Fondementaux (APDF); the Association pour le Bien-Etre Familial (ABEF-ND); Réseau des Adolescents et Jeunes Congolais en Population et Développement (RAJECOPOD); and Union Féminine du Millénaire (UFEM)—and three *ministry partners*: Ministry of Primary, Secondary and Technical Education (EPST); Ministry of Public Health, National Adolescent Health Program (PNSA); and in the second year of Phase 5, the Ministry of Social Affairs.

Building and Sustaining a Culture of Learning

From inception, the GUG Consortium created a culture of learning and employed an adaptive management approach to increase the program's efficiency and scalability. Local staff and partners were trained on the Theory of Change and application of GUG's norms-shifting approaches and engaged as equal partners in implementation, monitoring, and adaptation.

The GUG team of implementers, researchers, funders and stakeholders (i.e., the GUG Consortium and SRG members) each brought unique perspectives and insights into how to improve the approach for scale. The ability to confirm emerging learnings from multiple perspectives and data sources made it easier to make informed programmatic decisions. Relatedly, the information gathered and examined was drawn from multiple data sources—inclusive of quantitative results from survey data, qualitative data from in-depth interviews, monitoring data from implementing teams, and "soft" data such as anecdotes from staff closest to the intervention. This process of data triangulation was fundamental to decision making and understanding norms shifting processes and their effects.

To use this information, the GUG Consortium organized quarterly "pause and reflect" meetings throughout the program cycle. These meetings brought together direct implementers (teachers, health providers), local partners (CBOs, MOE, MOH) and technical government experts to report on implementation activities, review and interpret multiple data sources, critically reflect, and to discuss the key challenges, successes and lessons learned and agree on any needed adjustments for intervention improvement.

The discussions and decisions were documented in a Learning Matrix, a table that tracked challenges, successes, lessons learned, and proposed adaptations. Additionally, GUG utilized rapid qualitative studies to examine intervention components that were not included in the intervention's formal evaluation. This continuous learning approach allowed the project team to address cross-cutting implementation challenges and identify critical adaptations to ensure successful scale-up.

Growing Up GREAT! Data Sources

A variety of data sources were used to evaluate the impact and scalability of GUG.

Global Early Adolescent Study (GEAS)

Growing Up GREAT! was evaluated using a quantitative quasi-experimental design as part of GEAS, a longitudinal study that follows the experiences of over 15,000 10 to 14-year-old boys and girls in five continents. GEAS collected information in five waves from VYAs who participated in GUG's activities and those who did not over a seven-year period (2017 - 2022).

Youth-led Evaluation

Two participatory, youth-led qualitative evaluation studies were conducted with members of GUG's YAC in 2018 and 2021, with guidance from KSPH. The VYA club members employed participatory interviews and story-collection techniques to gather perspectives from over 50 VYAs and adults on individual, family, healthcare, and normative changes in the community due to GUG. The second study, conducted March to September 2021, examined why some gender attitudes and behavior shifted as a result of GUG while others remained the same, using an adolescent-friendly adaptation of the Most Significant Change methodology [14]—a technique used in participatory monitoring and evaluation.

Learning Studies

The first learning study was designed in response to the COVID-related school closures in Spring 2020. The DRC's Ministry of Education established a TV and radio distance learning program for school-aged children on core subject lessons. Recognizing the opportunity to incorporate sexuality education into these broadcasts, Save the Children worked with the DRC Family Life Education (FLE) Department to advocate for the inclusion of sexuality education in the distance learning broadcast schedule in April 2020. A qualitative rapid learning study was designed to (1) document the process of creating and implementing FLE distance learning programming in a COVID-19 context, and (2) understand VYA and VYAs' parents' perceptions and experiences of the FLE broadcasts. Semi-structured interviews were conducted with adolescents aged 10 - 18 years (n=13), teachers (n=5), parents (n=4) and implementers (n=3). Additionally, quantitative analysis was completed using GEAS COVID module data (n=397) and monitoring data of the program's implementation were collected.

In the final year of scale-up, the second learning study was developed to aid the transition of GUG's activities to existing government programs. This learning study sought to (1) determine the convenience of the involvement of community health and protection workers (*relais communautaires* – RECO/RECOPE) and focal point teachers in GUG activities, and (2) understand the conditions necessary to successfully transfer skills needed for implementation from CBO partners to those employed by the ministry partners. Focus groups (n=6) and in-depth interviews (n=44) were conducted with RECO/RECOPE, Ministry of Health and Education officials, health facilities personnel, heads of CBOs, and teachers and school directors from intervention schools.

Monitoring Data

Monitoring data was collected by the project team using various monitoring tools, such as forms to track participation in GUG activities. These tools were adapted at each phase of the program and were used to collect data on coverage, pace and quality of program implementation. Additionally, qualitative tools were used to document challenges, lessons, and norm-shifting mechanisms. Quality benchmarks were incorporated later in the project to collect information used to evaluate program fidelity (implementation of activities as intended). The quality benchmarks were collected during supportive supervision and were helpful in identifying facilitator capacity needs.

EVALUATION

The impact of GUG was assessed via both a quasi-experimental quantitative outcome evaluation and a qualitative youth-led evaluation. Together, the two studies provide insight into the multi-level impacts of GUG.

The quantitative evaluation was conducted as part of the Global Early Adolescent Study (GEAS) at Johns Hopkins University in coordination with the Kinshasa School of Public Health. The survey

collected data from girls and boys who participated in GUG activities (the intervention group), and from girls and boys who did not (the control group). The baseline of this quantitative survey was conducted in 2017 with 2,842 adolescents before GUG implementation began. Endline data collection was conducted in 2018 after the end of implementation, approximately one year after the baseline survey. The endline survey interviewed 2,519 adolescents, or nearly 90 percent of the baseline participants. Subsequent rounds of data collection occurred in 2019, 2020, and 2022 to assess long-term impact [15, 16].

The participatory qualitative evaluation was conducted in 2018 to gather perspectives from over 50 participants (VYA and adult) on individual, family, healthcare, and normative changes in the community due to GUG. For this qualitative evaluation, VYA club members, with guidance from KSPH, used participatory interviews and story-collection techniques.

Short-Term Impacts of GUG

Results from the quantitative outcome evaluation [12,17,18] show that GUG contributed to significant effects in building reproductive health knowledge, caregiver connectedness, and gender equitable attitudes and behaviors among VYAs through its nine-month multi-level intervention package with VYAs and adults.

- **Pregnancy and menstruation knowledge:** At Wave 2, in-school adolescents who participated in GUG had significantly greater pregnancy knowledge than control group adolescents. Both in-school and out-of-school adolescent girls who participated in GUG reported greater knowledge of where to get information about menstrual periods compared to control group girls (in-school: Odds Ratio (OR)=2.10 [95% Confidence Interval (CI): 1.34, 3.29], out-of-school: OR=4.18 [95% CI: 1.95, 9.00]). Positive findings on knowledge of menstruation were pronounced for out-of-school VYAs under 12 years (OR 20.09 [95% CI: 4.30, 93.83]).

- **Knowledge of where to get condoms and contraception:** The greatest short-term changes for knowledge of where to get condoms and contraception were among out-of-school adolescents who participated in GUG: out-of-school GUG adolescents were 1.92 times more likely to know where to get condoms [95% CI: 1.14-3.23], with pronounced effects for VYAs under 12 years (OR 4.67 [95% CI: 1.67-13.07]). Out-of-school adolescent girls were 2.66 times more likely to know where to get contraception [95% CI: 1.31-5.42, asked only to girls], than control group girls.

- **Caregiver connectedness:** Both in-school and out-of-school GUG adolescents reported greater mean scores in caregiver connectedness as compared to control group adolescents at Wave 2, though the differences in scores on the 4-point scale were relatively small. In-school GUG adolescents had on average 0.09 points higher connectedness than controls [95% CI: 0.0008-0.1828]. Again, the improvements in caregiver connectedness were larger among out-of-school adolescents: GUG participants had on average 0.22 points higher in scores of caregiver connectedness than controls [95% CI: 0.07-0.38].

- **Body satisfaction:** Out-of-school GUG girls were 2.79 times more likely to report being satisfied with their bodies at Wave 2 in comparison to control group girls [95% CI: 1.43, 5.42]. Changes in body satisfaction among out-of-school boys, or in-school intervention and control group girls, were not significant from baseline to Wave 2.
- **Reproductive health communication:** By Wave 2, out-of-school GUG adolescents showed increased communication with someone (assumed to be either a peer or a supportive adult) on romantic/sexual relationships and contraception. Out-of-school GUG adolescents were 2.03 times more likely to communicate about romantic relationships than control group adolescents [95% CI: 1.11-3.69], and these effects were most pronounced for girls (OR 4.61 [95% CI: 1.78-11.91]). Intervention adolescents were marginally (OR 1.93 [95% CI: 0.98-3.79]) more likely to communicate about contraception as compared to the control group, and these effects were most pronounced among out-of-school VYAs under 12 years (OR 14.12 [95% CI: 2.64-75.46]). Short-term findings revealed gendered patterns of communication: boys were more likely to speak about body changes, sexual relationships, contraception, and pregnancy with their paternal caregiver, friends, and brothers, and girls were more likely than boys to speak about these topics with their maternal caregivers and sisters. Additionally, while adolescents spoke to peers or caregivers, they did not regularly broach reproductive health topics with health providers.
- **Attitudes towards gender equality:** At Wave 2, both in-school and out-of-school GUG adolescents reported greater agreement that boys and girls should share household chores. Among out-of-school adolescents, these findings were particularly high for girls, who were 7.74 [95% CI: 3.62-16.51] times more likely to agree that chores should be shared as compared to control group girls. Out-of-school boys were also more likely to agree, with a smaller difference in level of agreement as compared to control group boys (OR 2.29 [95% CI: 1.27-4.12]). Overall, in-school GUG adolescents also reported greater agreement (OR 1.95 [95% CI: 1.49-2.56]). No shifts were seen, however, in gender stereotypical traits and roles, for example views of male toughness and female vulnerability, and roles where a woman should take care of her family and the home and a man should be the one who brings in money. Similarly, no shifts were seen in the sexual double standard, wherein boys are socially rewarded for romantic and sexual activity while girls are penalized.
- **Gender-equitable behaviors:** Out-of-school GUG adolescent boys reported greater perceptions that they had helped their sisters with chores in the household as compared to control group boys (OR 2.50 [95% CI: 1.15-5.46]), but there were no differences among in-school boys, or among either in-school or out-of-school adolescent girls in perceptions of brothers' help with chores.
- **Teasing, bullying, and physical violence:** By Wave 2, GUG adolescents showed a more significant drop in teasing and physical abuse than the control group. Compared to controls, out-of-school GUG boys were less likely to slap and kick, or act in other physical ways than their peers (OR 0.51 [95% CI: 0.29-0.90]). Out-of-school GUG adolescents were also less likely to report having been teased in the past six months (OR 0.61 [95% CI: 0.42-0.90]). There were no short-term changes in perpetration or experience of teasing, bullying, or physical violence among in-school GUG adolescents as compared to the control group.

The program also led to a stronger developmental environment for VYAs by helping parents/caregivers, teachers, and health care providers to effectively communicate with VYAs, view VYAs as autonomous individuals with their own thoughts and desires, and act with greater gender-equality towards girls and boys. Boxes 2 and 3 below show positive changes from the perspective of caregivers, teachers, and health providers [19].

Box 2. | *From Their Perspective: Key Changes Noted by Parents/Caregivers*

The most significant changes for **parents/caregivers** of VYAs were in communication and attitudes and intentions to practice gender-equitable actions towards their children in the home. VYAs and parents/caregivers now talk about puberty and other sensitive issues. They have:

- Learned from their children.
- Gained a better understanding and practice of gender equity in household activities.
- Better understand the principles of supervision of adolescent children.
- Have an increased understanding of how supervision and protection need to extend equally to boys and girls.

Kinshasa, DRC, June 2018 — A youth evaluator conducts an interview with a male caregiver.
Copyright Save the Children, 2018.

"Now, I don't shout at them anymore. When there is a problem, we sit down and reason together. The children have become more understandable and I no longer shout."
—Mother of VYA

"I did not know how to supervise and educate my children well. In the Growing Up GREAT! activities, I learned that all children are equal. Now, [my son] wakes up in the morning and draws water and helps his sister do dishes."
—Father of VYA

Box 3. | *From Their Perspective: Key Changes Noted by Teachers/Health Care Providers*

Teachers mentioned these most significant changes:

- Having easy-to-use student and teacher materials, even for sensitive subjects.
- Being able to to combine didactic classroom lessons with game-type activities of Growing Up GREAT! to facilitate VYA engagement and assimilation.
- Being impressed with how children developed as VYAs and their openness to discussions on topics such as puberty.

"Many of the things in the family life education curriculum were taboo.... Certain words were not pronounce-able, and it was abstract... But, with Growing Up GREAT!, books are made available. They provide information on all the subjects tought. The teacher and the children have the content [illustrated] with pictures. I am comfortable when I am in front of the children to speak..."

— *Male Teacher*

Health care providers mentioned new opportunities and skills to interact with VYAs improved their understanding of VYA needs:

- Providers were impressed and surprised by the level of VYA knowledge about puberty, body changes, and gender norms, and their openness to asking questions and discussing such topics.
- Providers felt they improved their relationship with young clients, e.g., using knowledge and skills received from training in adolescent RH.

"Adolescents only consulted us during illnesses and were accompanied by their parents... After the activities of Growing Up GREAT!, adolescents now come to the health center to consult us and to ask questions about puberty and adolescence. We guide them with correct explanations."

— *Male Provider*

Sustained Change: GUG's Longer-Term Impact

The longitudinal study design of the GEAS enabled a longer-term assessment of intervention impact one, two, and three years post-intervention. Immediate impacts which were sustained long-term included:

- **Attitudes towards gender inequality:** One-, two-, and three-years post-intervention, both in-school and out-of-school GUG adolescents expressed greater agreement with gender equality in household chore-sharing than control group adolescents.
- **Pregnancy knowledge:** For in-school GUG adolescents, immediate improvements in pregnancy knowledge were sustained two years post-intervention for adolescents aged 10–11 at baseline, and

sustained three years post-intervention especially for adolescent girls, compared to the control group. There were no immediate or long-term changes in pregnancy knowledge among out-of-school adolescents compared to the control group.

Emerging Change: Novel Impacts Three Years Later

Several novel impacts of the intervention also emerged over time:

- **Sexual double standard:** Despite no immediate impact, in-school GUG adolescents were less likely to endorse a sexual double standard, which rewarded boys but sanctioned girls for engaging in romantic heterosexual relations, three years post-intervention. Perceptions of a sexual double standard increased from baseline to Wave 5 among out-of-school adolescents, with no differences by treatment group.
- **Gender-stereotypical roles:** While there was no immediate impact, in-school GUG adolescents reported a small decline in endorsement of gender-stereotypical roles (for example, men as breadwinners) three years post-intervention. There was no significant difference across treatment groups for out-of-school adolescents.

Not All Good Things Last: Findings Which Faded by Wave 5

Despite GUG's immediate impact across a range of pathways and outcomes for participating adolescents, the positive gains for intervention adolescents in comparison to controls faded over time. In some cases, findings indicated that exposure to the intervention may accelerate positive changes which might otherwise occur later in adolescence. For example, knowledge about access to condoms increased significantly between baseline and Wave 5 for all adolescents, rising approximately 34–36% between the two surveys. Indicators such as these highlight how GUG provides correct information to adolescents early on, affording protection and health benefits earlier in life.

Immediate impacts of GUG on participating out-of-school adolescents which faded over time included:

- **Menstruation knowledge:** The large and immediate differences between the intervention and control groups in out-of-school adolescent menarcheal girls' menstruation knowledge were not sustained one-, two-, or three-years post-intervention, either overall or for girls aged 10–12 at baseline. This is because by Wave 5 adolescent girls in the control group also increased their knowledge about where to get information about menstrual periods.
- **Caregiver connectedness.** Short-term impacts of GUG on out-of-school adolescents' caregiver connectedness were sustained one-year post-intervention (mean difference: 0.24 [0.06-0.42]). However, these positive impacts were not sustained two- or three-years post-intervention. Generally, all adolescents reported small declines in connectedness to caregivers as they aged over time.

- **Body satisfaction.** While out-of-school adolescent girls were more likely to be satisfied with their bodies immediately after participating in GUG as compared to control group girls, these findings were not sustained one-, two-, or three-years post-intervention. Notably, personal body satisfaction remained low over time across school types and intervention and control groups, in contrast to high agreement with beliefs that girls should be proud of their bodies as they become women. There were no short-term or long-term changes in body satisfaction for adolescent boys.
- **Reproductive health communication.** Gains in out-of-school adolescents' communication on sexual relationships were short-lived, as neither of these findings were sustained one-, two-, or three-years post-intervention. Immediate impacts of GUG on contraception communication had been especially high for adolescents aged 10–12 at baseline, and continued to be significant one-year post-intervention (OR: 5.70 [1.07-30.42]). These findings were not sustained two- or three-years post-intervention.
- **Teasing, bullying, and/or physical violence.** The short-term impacts of GUG on out-of-school boys' perpetration of teasing, bullying, and/or physical violence, were not sustained one-, two-, or three-years post-intervention. For in-school adolescents, there was no short-term or one-year impact of GUG on peer violence perpetration. Two years post-intervention, adolescents aged 12–14 at baseline were 37% less likely to tease, bully or inflict physical violence against peers as compared to control group adolescents of the same age. However, this positive finding was not seen three years post-intervention. Similarly, while GUG had immediate impacts on out-of-school adolescents' experience of teasing or verbal bullying, these findings were not sustained one-, two-, or three-years post-intervention.

Generally, there were fewer positive short-term impacts of the intervention for in-school adolescents relative to out-of-school adolescents. For in-school adolescents, immediate impacts of GUG which faded over time included:

- **Menstruation knowledge:** Growing Up GREAT!'s immediate impact on in-school adolescent menarcheal girls' menstruation knowledge was sustained one-year post-intervention (OR: 1.66 [104-2.65]). However, these positive findings faded two- and three-years post-intervention.
- **Caregiver connectedness:** The findings on caregiver connectedness fluctuated over time for in-school adolescents. Growing Up GREAT!'s immediate impact on caregiver connectedness was not observed one-year post-intervention, but adolescents did report greater connectedness relative to controls two years post-intervention (mean difference 0.11 [0.02-0.21]). This difference was not observed again three years post-intervention, and changes from baseline to Wave 5 overall were small.

Longitudinal findings by wave of data collection are available in Appendix A.

SCALE-UP

The GUG team began to lay the foundation for scale up at project inception. The 2019 preliminary scale-up plan focused on three critical components deemed essential for intervention relevance, local buy-in, and long-term sustainability:

- Development of a scalable intervention;
- Engagement of local stakeholders as partners; and
- Generation of credible, actionable evidence.

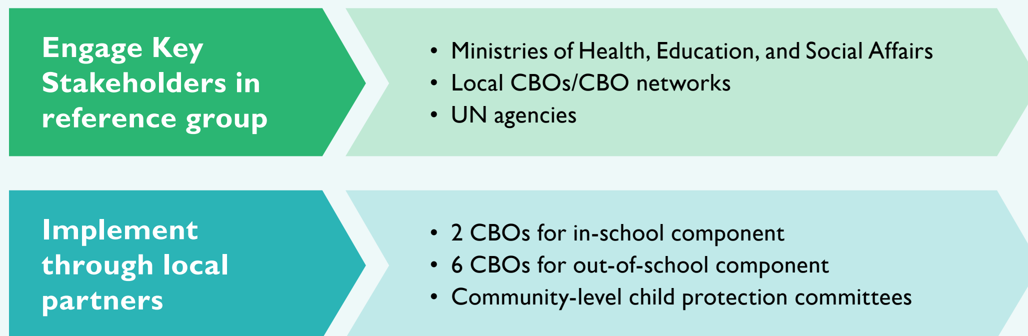
Developing a scalable intervention

The GUG intervention package was intentionally designed to include a set of intuitive, flexible, and simple-to-use complementary materials. The prioritization of simplicity in material design means that teachers and community leaders using the GUG toolkit can attain mastery of the intervention materials after only a basic orientation on them, without having to undergo extensive training or receiving ongoing support from Save the Children staff.

Engaging key stakeholders and local partners

Another key investment made at project onset was the engagement of local stakeholders to build a foundation for scale up throughout the life of the project. As shown in Figure 3, these stakeholders included government bodies, international and national NGOs, and local CBO partners, many of whom implemented project activities during the pilot. The SRG was convened in 2016 and engaged throughout the project to provide high-level technical guidance, and begin identifying opportunities to integrate the GUG intervention into other broad public health frameworks in Kinshasa and the broader national Congolese structures.

Figure 3. | *Growing Up GREAT! Strategies for Stakeholder Engagement*



Generating credible, actionable evidence

The GUG Consortium prioritized the creation of a variety of data sources to describe implementation experiences, understand barriers and facilitators to community buy-in of GUG, and to assess the impact and scalability of GUG. The data sources included:

- Longitudinal survey data from the GEAS
- Qualitative data from a youth-led evaluation that employed Most Significant Change methodologies
- Mixed-methods rapid learning studies among ministry and CBO partners
- Quantitative and qualitative monitoring data
- Meetings with CBO partners

These data were analyzed and findings shared amongst GUG Consortium members and the SRG across the project cycle. Results across the various data sources were triangulated to ensure that multiple perspectives were considered. For example, in Phase 3 (Pilot), many implementation challenges were first identified by implementers. Their early feedback was almost always borne out by other sources of data such as monitoring data or rapid study results. In several instances, the GUG Consortium and SRG members would not have understood the full context of the quantitative data without the accompanying qualitative or "soft" data such as the learnings identified in meetings with CBO partners. The ability to confirm emerging learnings from multiple perspectives and data sources made it easier to make informed programmatic decisions, and thus to determine whether GUG met scalability criteria, as well as providing critical insight into how to improve the approach for scale.

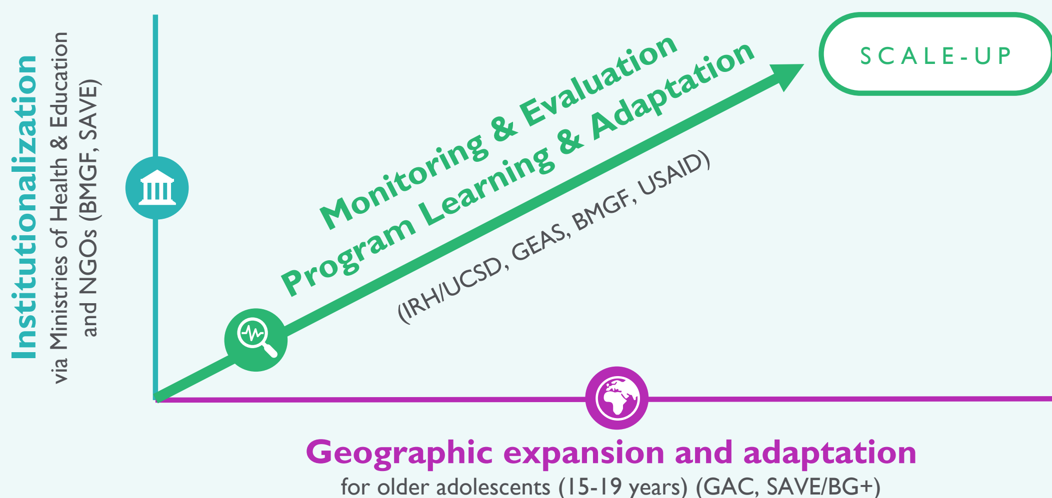
Scale-up Strategy: Institutionalizing and Expanding GUG's Reach

Scale-up efforts were guided by the ExpandNet Implementation Mapping Tool [20]—a detailed process for developing a scale-up strategy, and for systematically identifying and evaluating actions or conditions that lead to successful scale up. The GUG Consortium aimed for two types of scale:

- Vertical Scale-up: the project team aimed to have GUG institutionalized in the MOE, MOH and local organizational systems;
- Horizontal Scale-up: in addition, efforts were made to expand the reach of GUG to include more adolescents, families, and communities (i.e. horizontal scale-up).

This two-pronged scale-up strategy is depicted in Figure 4 and described in more depth below.

Figure 4. | *Institutionalization and Expansion for Sustainability*



Growing Up GREAT!'s original scale-up strategy [21], finalized in 2019, aimed to support institutionalization and expansion concurrently and equally. Save the Children worked with each Ministry stakeholder to develop a detailed work plan for integrating activities into government platforms and led discussions with lead CBOs about transitioning from a primary implementation to technical assistance role. Growing Up GREAT! also coordinated closely with Bien Grandir Plus (BG+) (known in English as Growing Up GREAT! Plus)—a complementary project implementing the GUG approach among older adolescents (ages 15–19)—to ensure expanded reach without overlap in project intervention zones. However, the COVID-19 pandemic interrupted scale-up efforts in early 2020, and subsequent school closures and mobility restrictions shifted this strategy significantly. As a result, CBOs took on a larger role in direct implementation of VYA clubs and GUG pivoted to support roll

out of virtual Family Life Education lessons in line with the government's distance education program. Once normal implementation resumed, the scale-up strategy was adjusted again to focus on task-shifting from CBOs to government cadres to facilitate greater sustainability. These necessary changes to scale-up strategy in response to the changing environment help to contextualize the objectives and achievements described below.

Vertical Scale-Up: Institutionalization of GUG Approaches into National Policies and Systems

With investments from the Bill & Melinda Gates Foundation and USAID, GUG-TWF led the institutionalization efforts with a focus on:

- Building capacity of key scale-up partners as master trainers to train and mentor others in the implementation of the GUG approach;
- Aligning existing government platforms/initiatives and integrate GUG activities into existing programs;
- Collaborating with the Ministries to develop or adapt monitoring and supervision tools and integrate supportive supervision visits into existing processes/schedules; and
- Advocating for GUG inclusion in key Ministry policies, budgets and work plans.

Core partners during the first two years of scale up (2019–2021) were the MOE, the MOH, and local NGOs; in the third year of scale up (late 2021 to 2022), the Ministry of Social Affairs (MSA) joined this group. Each Ministry supported institutionalization of a different component of the intervention.

In the first year of scale up, the MOE institutionalized GUG in two ways: 1) rolling out a formal protocol for creation and maintenance of school-based clubs; and 2) integrating GUG into the FLE program. Two lead NGOs supported the MOE and schools in rolling out the school-based clubs, as well as supporting smaller NGOs to implement community-based clubs and parent and community sessions. The MOH institutionalized GUG by continuing to support the health exchange activities with facility-based providers.

During the second year of scale up (2020), which coincided with the start of the COVID-19 pandemic, all GUG activities were temporarily paused due to school closures and mobility restrictions. Project support shifted to focus on integrating FLE (including the GUG Toolkit) into the distance learning program launched by the MOE in collaboration with UNICEF. Once schools reopened in 2021, GUG resumed in-person, school-based activities under the leadership of the MOE, taking care to respect social distancing and safety measures. Community-based activities, also shifted from CBO responsibility to be integrated into Ministry platforms. The MOH took on responsibility for implementing parent and community sessions through its cadre of community health workers. In addition, the Ministry of Social Affairs, which is responsible for the re-integration of out-of-school adolescents into the formal education system, piloted a new approach to integrate GUG into its existing programming.

Horizontal Scale-Up: Expanding GUG to Reach More Adolescents

Expansion efforts increased the scope of the intervention to include health system strengthening work and extended the intervention to reach new geographic areas and adolescents. Horizontal scale-up efforts were carried out via *Bien Grandir Plus (BG+)*, a three-year investment from Global Affairs Canada (GAC) through Save the Children Canada, and included: 1) reaching new schools and neighborhood communities in Kimbanseke, Masina and Ndjili; 2) adapting the GREAT toolkit (from which GUG VYA Toolkit was adapted) for older adolescents age 15–19; 3) strengthening the health system and reinforcing the capacity of health workers; and 4) improving capacities of CBOs to mobilize resources and fund GUG expansion efforts.

Growing Up GREAT! scale-up efforts expanded programming within the GUG implementation communes of Kimbanseke and Masina, as well as into a new commune: Ndjili. In total, *Bien Grandir+* worked within 38 new neighborhoods (*quartiers)* and 352 new schools in Kimbanseke, Masina and Ndjili. There was no overlap between GUG and BG+, thus enabling the two projects to achieve greater reach through their combined efforts.

An adapted package of materials addressing the most pressing SRH issues for older adolescents between 15–19 years was developed through BG+. Through this package, a total of 17,614 older adolescents (5,133 in-school, 12,481 out-of-school) were engaged. Additionally, BG+ reinforced the capacity of health workers by conducting a series of trainings on adolescent-friendly health services, sexual and gender-based violence response and family planning for 284 (160 women, 124 men) facility-based healthcare providers. BG+ also provided contraceptive methods and related commodities to 65 health facilities in seven health zones to strengthen the health system. Four of these 65 facilities served GUG clubs, schools and communities.

Scale-up Benchmarks & Achievements

As part of the scale-up strategy, the GUG Consortium identified overall objectives that were deemed essential to the scale up of GUG. These included:

1. Reach at least 10,000 in-school and 300 out-of-school VYAs with the GUG intervention
2. The MOE integrates the GUG approach within relevant government-led programs at the national and provincial levels
3. The MOH integrates the GUG approach into relevant programs at the national and provincial level in Kinshasa (in 4 health zones)
4. CBOs have sufficient capacity to support the implementation of GUG activities by Ministries and/ or other local NGOs

In order to track scale up progress and accomplishments towards meeting these objectives, a series of indicators—known as scale-up benchmarks—were developed in collaboration with the SRG. The scale-up benchmarks covered three main domains:

- **Expansion**: focused on increasing participation of VYAs and key adults to expand reach and impact within intervention zones.
- **Institutionalization**: focused on institutionalizing GUG within the MOE, MOH and CBOs for the sustainability of GUG.
- **Scale-up learning**: focused on generating increased understanding of scale up and adaptive management of gender-transformative SRH programs through implementation of GUG.

Progress against these benchmarks is summarized in the section below, and is detailed in the Appendix. Achievements from the first two years of scale up are documented in the 2021 GUG Scale-Up Assessment Report [22].

Expansion and Reach

Growing Up GREAT! met five of the six benchmarks for expansion, of which four were achieved in the first two years of scale up. Total reach for VYAs and community members exceeded the goals set and by the end of scale up, over 37,000 in-school, 657 out-of-school adolescents and 6,858 community members were reached. After a delayed start due to the COVID-related challenges with the availability of health facility staff for non-urgent health matters, GUG partially fulfilled the benchmark measuring GUG's engagement with health facilities. Fourteen health facilities participated in GUG activities (goal=15).

Table 1. | *Benchmarks for expanding the reach and impact of GUG within intervention zones*

Expansion Benchmarks	Total (cumulative)	Goal	Status
# in-school VYAs exposed to GUG	37,901	10,000	
# in-school VYAs enrolled in school clubs	8,800	4500	
# out-of-school VYAs enrolled in community clubs	657	300	
# community members (including parents reached by GUG activities)	6,858	5,500	
# neighborhoods (quartiers) reached by GUG (Out-of-school VYAs, parents and community reached by GUG)	18	18	
# health facilities participating in GUG activities	14	15	

Institutionalization

Growing Up GREAT! developed institutionalization benchmarks for each project partner. Eight of the 15 institutionalization benchmarks were met during the first two years of scale up and an additional four during the last two years of scale up. In total, the project achieved 12 of the 15 institutionalization benchmarks throughout the four years of scale up (see **Table 2** at the end of this section). Selected institutionalization achievements are summarized below in Figure 5.

Figure 5. | *Summary of Growing Up GREAT! Institutionalization Achievements in the First Two Years of Scale Up*

MOE/ EPST	• Creating and rolling out formal protocol for the creation and maintenance of school-based clubs (The Guide for Establishment and Operation of School Clubs) • Integrating GUG into the Family Life Education program
MOH	• Continuing to support the health exchange activities with facility-based providers • Training of master of trainers, health facility staff and community health workers • Citing GUG as the seminal approach for engaging VYA in two consecutive PNSA Strategic Plans (2019–2022; 2021–2025), and including GUG key activities in both the national and provincial level MOH work plans for 2021
CBOs	• Supporting the MOE and schools in rolling out the school-based clubs • Supporting smaller NGOs to implement community-based clubs and parent and community sessions
General	• Training over 3,000 adolescents as school club leaders in addition to teachers • Developing three supervision tools for use by Ministry representatives during nearly 400 supervision visits completed during scale-up • Training master trainers and developing of age and life-stage counseling tools for improved provision of adolescent-friendly health services

Ministry of Education

Growing Up GREAT! met four of the six benchmarks for institutionalization within the EPST. The project successfully trained 43 Master Trainers and recently reached the training benchmark for teachers after training an additional 27 teachers in 2022, thus training a total of 317 teachers. All 100 planned schools were reached, fulfilling the benchmark in 2021; however, from January 2022, two of these schools could no longer be reached.

Growing up GREAT! was integrated into the in-service FLE training package for teachers and this prompted the development of a protocol for the creation and maintenance of school-based clubs published by the EPST in April 2019, known as the *Guide for Establishment and Operation of School Clubs*. The EPST also completed its validation process for using GUG materials at a national scale. They approved, printed and distributed most of the GUG toolkit materials to schools in catchment areas. Some of these printed materials were saved as replacement stock. Unfortunately, there was still no progress against the benchmarks for integration into EPST work plans or budgets because the EPST does not yet include FLE in its regularly funded programming.

The project also supported scale-up activities not evaluated by benchmarks, such as training adolescents as school club leaders, supporting supervision visits, and providing supplemental training to Master Trainers on the supervision of GUG activities, including FLE lessons in schools and club sessions.

Ministry of Health

Growing Up GREAT! achieved six of the seven benchmarks for institutionalization within the MOH. All training benchmarks were achieved including training 20 master trainers, 62 (of 50 anticipated) health facility staff and 22 (of 20 anticipated) community health workers on the GUG program approach and materials. Additionally, GUG was cited as the seminal approach for engaging VYA in two consecutive PNSA Strategic Plans (2019–2022; 2021–2025), and GUG key activities were included in both the national and provincial level MOH work plans for 2021. The benchmark for engagement of health zones was also met during the last two years of scale up after a delayed start due to COVID-related obstacles. Five (of four anticipated) health zones conducted health exchange visits.

Additionally, GUG's sister program—Bien Grandir Plus (BG+)—provided health trainings on adolescent youth-friendly health services (AYFHS), GBV response and family planning to master trainers. The program also purchased and distributed contraceptives, equipment for the provision of long-acting reversible methods and protective equipment, trained staff on stock management, and ensured access to providers trained in AYFHS. Save the Children collaborated with the PNSA and health zone leadership to provide supportive supervision and timely collection and compilation of monitoring data.

Community-based Organizations

Growing Up GREAT! met both benchmarks for institutionalization through CBOs in the last two years of scale up. The project achieved the first benchmark of having six CBOs supporting scale up with the capacity to provide technical assistance to other organizations. This achievement aligns with the results of a CBO capacity assessment that Save the Children developed and implemented in 2022. CBOs reported they fully met organizational capacities, human resource criteria, and the technical capacity to train, coordinate, supervise, monitor, and evaluate program activities. Overall, these results suggest CBOs have high capacity to continue the implementation of GUG, although additional training may be needed to increase capacity for community engagement. The second benchmark was met as CBOs secured funding to implement GUG within new or existing funding.

Table 2. | *Benchmarks for Institutionalizing GUG within the Ministry of Education, Ministry of Health, and Community-Based Organizations*

Ministry of Education (MOE) Benchmarks	Total (cumulative)	Goal	Status
# schools implementing GUG through the MOE	**100**	100	🟢
# GUG Master Trainers within the MOE	**43**	43	🟢
# teachers trained on GUG by Master Trainers	**317**	300	🟢
# MOE annual work plans including GUG (central or provincial level)	**0**	2	🔴
# MOE annual budgets including GUG (central or provincial level)	**0**	2	🔴
# policy, strategy or training documents including GUG. *Specifically: 1) Teacher training on the Family Life Education Program; 2) Guide to setting up and operating school clubs*	**2**	2	🟢
Ministry of Health (MOH) Benchmarks			
# health zones conducting GUG health exchange visits	**5**	4	🟢
# GUG Master Trainers within the MOH	**20**	20	🟢
# health facility staff trained on GUG by Master Trainers	**62**	50	🟢
# community health workers trained on GUG by Master Trainers	**22**	20	🟢
# MOH annual work plans including GUG (central or provincial level)	**8**	2	🟢
# MOH annual budgets including GUG (central or provincial level)	**1**	2	🔴
# policy, strategy or training documents including GUG	**2**	2	🟢
Community-based Organizations (CBOs) Benchmarks			
# CBOs with the capacity to provide support for GUG implementation (independent/external technical support)	**6**	6	🟢
# CBOs that have integrated or proposed to integrate GUG into existing or new projects with their own funding	**2**	2	🟢

Ministry of Social Affairs

A new partner, the Ministry of Social Affairs, developed scale-up strategies and work plans during the last two years of scale up. Since implementing its work plan in February 2022, the Ministry has supported the establishment of nine clubs at educational remediation centers (known as *Centres de Rattrapage*) as part of efforts to institutionalize GUG for out-of-school adolescents.

Scale-up Learning

GUG scale-up learning focused on rapid but rigorous data collection and careful and participatory application of results. Throughout the project lifecycle, the project team held frequent learning meetings with the SRG to review GUG's monitoring and evaluation data with the aim of shaping and refining implementation and scale-up strategies. Scale-up learning benchmarks focused on learning and reflection meetings, rapid learning studies, and GUG adaptations (see Table 3).

Table 3. | *Benchmarks for Scale-up Learning*

Scale-up Learning Benchmarks	Total (cumulative)	Goal	Status
# learning and reflecting meetings held by GUG staff and stakeholders	**8**	6	● (green)
# learning studies (completed) exploring a topic/ issue relevant to possible adaptations	**2**	1	● (green)
# adaptations made to GUG (documented in IMT) based on implementation experience and/or results	**5**	12	● (red)

Learning Meetings

The learning meetings were developed to ensure program implementers met regularly to review monitoring and observational data, reflect on challenges and successes, and apply learning and recommendations for improved programming throughout the scale-up period. During the first six meetings held in 2020 and 2021, scale-up implementers reviewed monitoring data and completed the Implementation Mapping Tool (IMT), a tool developed by ExpandNet to facilitate the process of monitoring, implementation and scale up, and documenting significant changes [19]. Two learning meetings were held with scale-up implementers in March and August 2022. The August meeting, which was held over three days, brought together representatives at different levels of the EPST, MOH, and Ministry of Social Affairs to discuss the process of transitioning GUG activities from the CBOs to the government and reflect on the measures needed to ensure continuity of GUG activities.

In addition to the learning meetings, the YAC met in June 2021 to discuss the steps and recommendations needed to ensure sustainability after the project ends.

Learning Studies

As mentioned earlier, efforts were made for continuous learning including conducting a rapid qualitative study. The project team found learning studies to be so beneficial that three qualitative studies were conducted over the course of the project. The initial learning study (2019) assessed GUG's proposed approach to support parent video sessions using community health workers (relais communautaires, or RECO). The study found that RECO involvement was feasible and acceptable; RECOs continue to facilitate community sessions. The second study was conducted in 2021 with VYAs, their parents and implementing staff (FLE teachers, MOE staff and Save the Children) to assess the integration of the FLE into the MOE's distance learning program. Overall, the findings suggest that the distance learning programs were an acceptable mode of education among the participants and can serve as a powerful tool to continue students' education, especially in times of crisis, and should be explored to expand educational access among under-served or out-of-school adolescents. These findings were translated into a research brief available in English and French [23,24].

The final study was conducted in 2022 to improve understanding of the process of transferring skills to focal point teachers implementing the GUG school-based activities and assess the transfer of skills from CBOs currently implementing GUG activities to community health workers (RECO) and community networks for child protection (RECOPE). Overall, the findings suggest that engaging focal point teachers in school-based activities and RECO/RECOPE as facilitators of community-based sessions was acceptable. Agreement was divided on the capacity of supervising ministry partners, such as the EPST and PNSA, to provide needed financial and technical resources to sustain GUG. Finally, respondents believed sustaining GUG required technical and financial partnerships between national, governmental and community-level entities and international organizations. Additional details on the findings can be found in the final study report, *Sustainability of GUG! Institutionalization in the Ministries of Health and Education: A Rapid Qualitative Learning Study*, available in English and French [25,26].

Adaptations

The benchmark tracking scale-up adaptations was not met; only five adaptations were made during scale-up implementation versus the 12 anticipated. This does not necessarily mean that scale-up adaptation was inadequate, but rather that GUG's scale-up design was fit-for-purpose. Adaptations noted in the IMT included minor changes: relaxing requirements for gender balance in club composition when classes were heavily skewed to one gender; allowing a period between VYA leader candidate registration and elections by peers; dividing VYA clubs into smaller groups to respect COVID-19 restrictions; and engaging a member of health zone coordination teams in joint supervision visits conducted with the PNSA.

RECOMMENDATIONS & CONCLUSIONS

Growing Up GREAT! represents a promising, adaptable, and resilient program model for low-income urban contexts such as Kinshasa. It is a gender norms-transformative sexuality education program for VYAs that was shown to be acceptable among parents, school leaders, and community members. The program evaluation results demonstrate that the intervention generated immediate and long-term impacts on SRH knowledge, caregiver connectedness, and gender equitable attitudes among VYAs. The project also addresses inequities in SRH outcomes by reaching out-of-school youth and younger adolescents. Further, qualitative data suggests that GUG improves the skills and attitudes of caregivers, teachers, and health care providers. Engaging these important adults is essential for creating a more supportive environment for VYAs during the transformative developmental period of adolescence.

To continue to build upon the successes and learnings from the GUG-TWF program, and to maintain and expand positive outcomes for DRC's youth, a number of recommendations were generated in a final Learning Meeting with key stakeholders in August 2022. Recommendations are as follows:

For Policymakers

- **Include Growing Up GREAT! activities in annual operational plans and budgets.** Government partners must first prioritize such activities for inclusion in provincial and local-level government work plans and budgets and then work with technical and financial partners to identify and allocate resources for them.
- **Issue a ministerial decree governing establishment of school clubs.** The Ministry of Education should issue a directive providing guidance on how to establish and run GUG school clubs. This directive should include clear instructions for storing, accessing, preserving (and eventually replacing) Growing Up GREAT! materials within schools.
- **Integrate Growing Up GREAT! into programming for out-of-school VYAs.** The Ministry of Social Affairs' pilot with remedial education centers (*centres de rattrapage)* should be expanded. Such an expansion is imperative to ensure out-of-school adolescents have access to the benefits of Growing Up GREAT! and give them a chance to "catch up" to their in-school peers, as was seen in the program evaluation.
- **Create avenues for cross-sector and inter-ministerial collaboration.** Health system activities for VYA clubs require close collaboration between the health and education sectors; stakeholders at all levels of the health and education systems must improve communication and

reporting. Government stakeholders, led by the MSP/PNSA and EPST/DEVC, should establish a coordination body or mechanism to ensure strong communication and collaboration in support of Growing Up GREAT!'s multi-sectoral approach and to track progress and accomplishments over time.

For Funders

- **Foster shared global investment through a collaborative funding model to sustain shorter-term gains** in sexual reproductive health, agency and assets, gender attitudes, and behaviors especially for out-of-school adolescents who may have greater barriers to healthcare and SRH knowledge. There is no existing pooled funding mechanism to support adolescent sexual reproductive health: as such, pooled funding from private funders, bilateral or multilateral entities, and Ministries in-country will ensure sufficient resources for scale-up and additional points of monitoring to support longer-term success.
- **Dedicate funding for program monitoring to strengthen programming through continuous program quality improvement.** Providing funding both for program implementation and program monitoring supports longer-term creation of strategies, tools, and processes to retain program fidelity and promote program responsiveness to ongoing challenges or gaps in SRH knowledge, attitudes, and behaviors of adolescents and their caregivers.
- **Create longer-term funding opportunities which allocate time and resources towards capacity building at multiple levels of the social ecology.** Growing Up GREAT!'s emphasis on building the capacity for authorities at all levels ensured that the authorities were familiar with integrated supervision tools and quality assurance criteria for provision of adolescent SRH services. Longer term funding opportunities can ensure sufficient time to build capacity for scale-up and improve program integration in the long term.

For Implementers and Practitioners

- **Design programs with scale-up in mind.** Purposeful design and feedback loops between monitoring and program adaptation offer opportunities to address challenges and gaps in programming. Identifying partners and government officials who can co-design and institutionalize interventions vertically and horizontally will facilitate scale-up for interventions found to be effective in shifting attitudes, skills, and behaviors.

- **Model shared ownership with community members and authority figures.** Long term, interventions which are locally owned and include the perspective of a range of key actors may have greater likelihood of integration into existing structures and sustainable implementation.
- **Develop an adaptable monitoring and evaluation mechanism to capture reach, fidelity, and dosage, with tools, processes, and regular opportunities for adaptation.** Since the Growing Up GREAT! curriculum was designed for integration into activities, routine monitoring will help identify areas where further training or integration may be needed to build upon positive changes found in the program evaluation. Additionally, utilizing data sources such as observations and monitoring data in addition to traditional survey questionnaires will allow for timely and systematic adaptations.
- **Ensure curriculum on contraceptive methods is paired with an examination of gendered attitudes toward contraception use.** Wave 5 GEAS data found that over 70% of adolescents (75% boys; 68% girls) believed that young women who use contraception are seen as promiscuous. Curricula that provides comprehensive contraception knowledge must also challenge negative gendered stereotypes about contraception. This is critical in cultural contexts such as Kinshasa where attitudinal barriers to use exist.

Conclusions

The GUG Consortium and members of the Stakeholder Reference Group worked closely together to gather and apply information to make necessary changes to the GUG intervention across the project lifecycle. This culture of learning is critical to the success of future adaptations to GUG—both within the context of continued scale-up efforts in DRC, and for any novel national or cultural contexts in other parts of the world. It is also critically important to bring together multiple perspectives when considering any future adaptations. The project team paid close attention to how new ideas and information spread or diffused through communities, what actions and reactions were occurring within communities, how change happened, and which actors were involved. Fortunately, the funders supporting this endeavor—USAID and BMGF—committed adequate resources and time to allow for the establishment of an effective multi-sectoral learning team and sufficient time to deploy program adjustments during pilot, preparations for scale-up, and scale-up. It is the project team's hope that the learnings from GUG-TWF may be drawn upon to facilitate other teams' efforts in the shared goal of improved SRH and gender equity.

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APPENDIX A. EVALUATION RESULTS BY WAVE

The following tables represent results for each of the four intermediate outcomes presented in the GUG Theory of Change (Figure 1 above, with intermediate outcomes summarized in the figure below).

- **The main column in each table shows evaluation results** from baseline to end line (GEAS Wave 2).
- **Columns 'W3', 'W4', and 'W5'** show any sustained intervention effects at GEAS Waves 3, 4, and 5, respectively.
- **Gray shading** indicates no sustained effects, while **shading in color** indicates a sustained intervention effect. **Text within these cells** indicates which sub-group of the GUG intervention the effect was true for (e.g., IS <12 represents in-school GUG participants under the ages of 12 years).
- **A green check mark** represents overall statistically significant differences between intervention and control groups.
  - **Colored shading and green font but no check mark** indicates that there were no statistically significant findings in the overall group, but that we did see statistically significant findings by the stated sub-group (i.e., age or sex).
  - **A red check mark** indicates statistically significant findings but in the opposite hypothesized direction based on the Theory of Change.

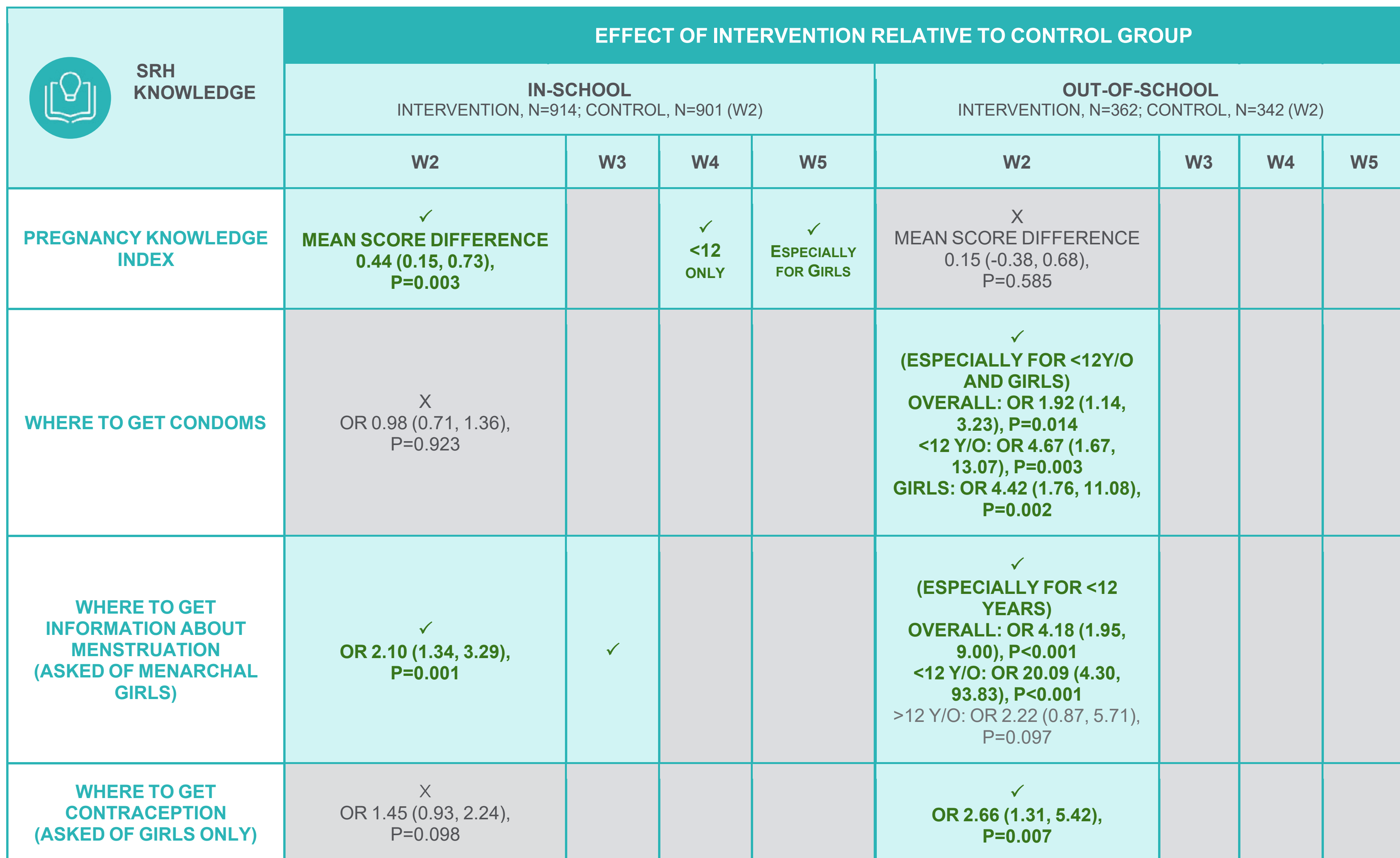
Intermediate Outcomes:

Increased
SRH Knowledge

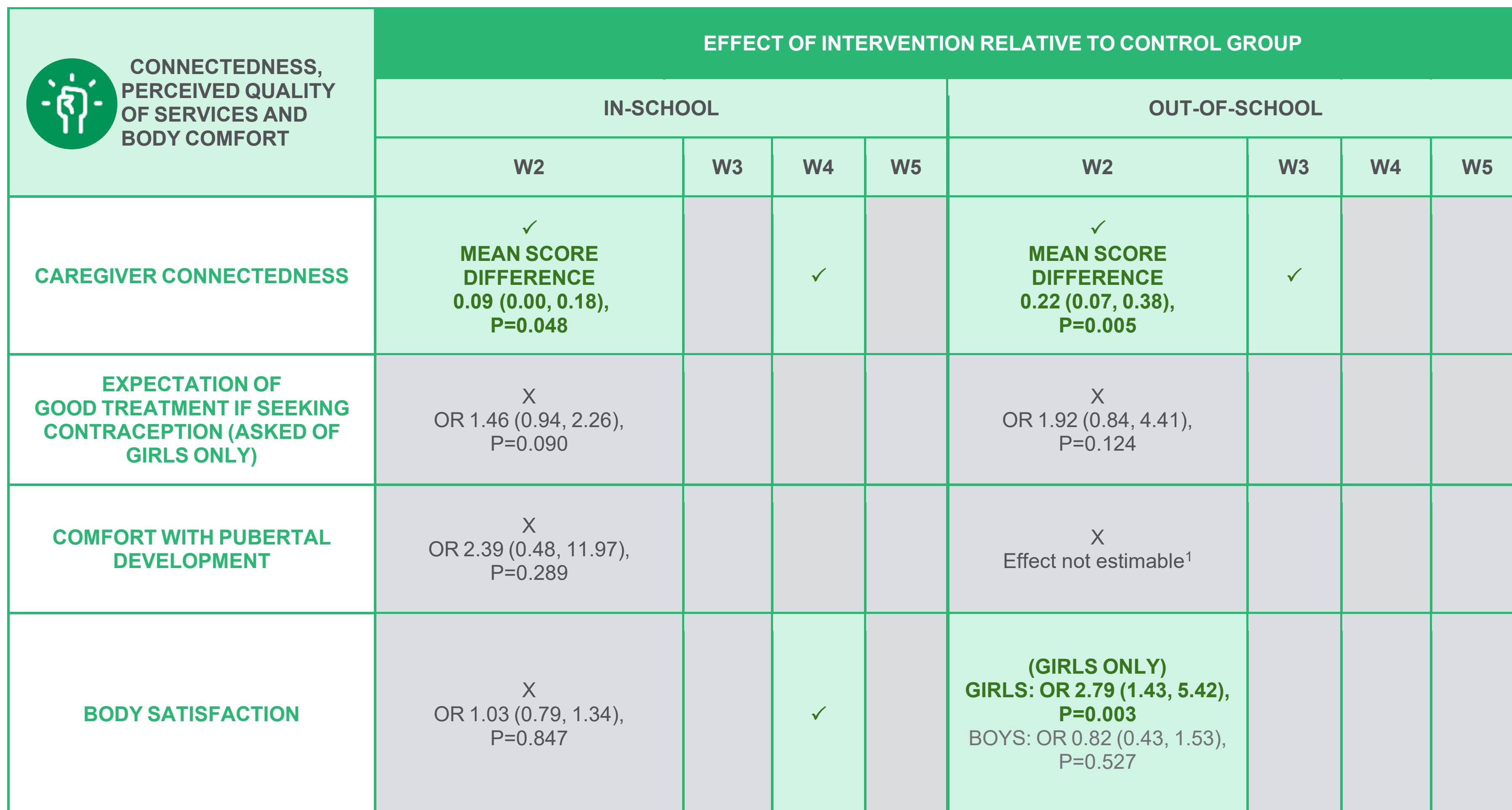
Increased
Gender-Equitable Attitudes & Norms

Increased
Agency & Assets

Increased
Gender-Equitable Behaviors

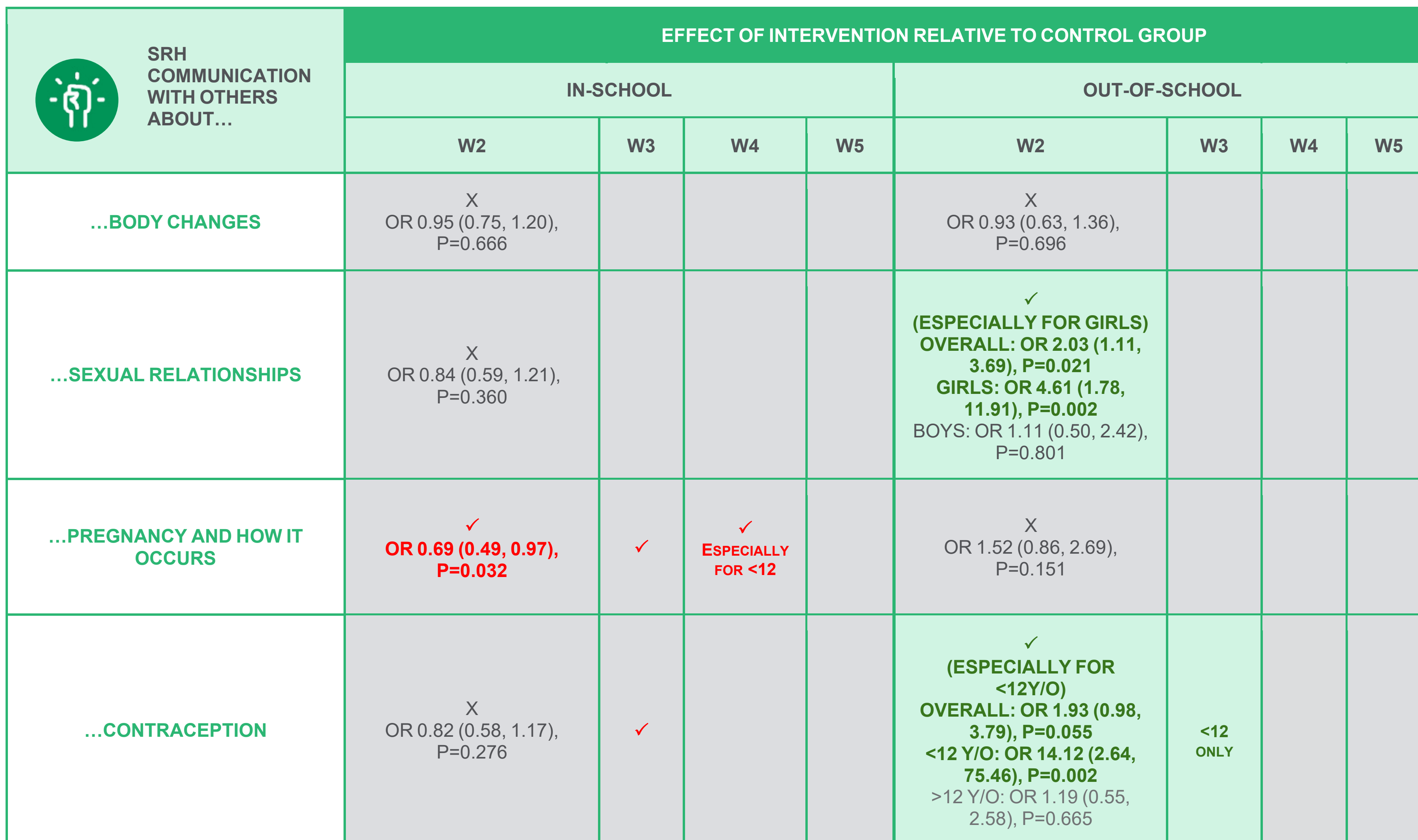


SRH KNOWLEDGE	EFFECT OF INTERVENTION RELATIVE TO CONTROL GROUP							
	IN-SCHOOL INTERVENTION, N=914; CONTROL, N=901 (W2)				OUT-OF-SCHOOL INTERVENTION, N=362; CONTROL, N=342 (W2)			
	W2	W3	W4	W5	W2	W3	W4	W5
PREGNANCY KNOWLEDGE INDEX	✓ **MEAN SCORE DIFFERENCE 0.44 (0.15, 0.73), P=0.003**		✓ **<12 ONLY**	✓ **ESPECIALLY FOR GIRLS**	X MEAN SCORE DIFFERENCE 0.15 (-0.38, 0.68), P=0.585			
WHERE TO GET CONDOMS	X OR 0.98 (0.71, 1.36), P=0.923				✓ **(ESPECIALLY FOR <12Y/O AND GIRLS) OVERALL: OR 1.92 (1.14, 3.23), P=0.014 <12 Y/O: OR 4.67 (1.67, 13.07), P=0.003 GIRLS: OR 4.42 (1.76, 11.08), P=0.002**			
WHERE TO GET INFORMATION ABOUT MENSTRUATION (ASKED OF MENARCHAL GIRLS)	✓ **OR 2.10 (1.34, 3.29), P=0.001**	✓			✓ **(ESPECIALLY FOR <12 YEARS) OVERALL: OR 4.18 (1.95, 9.00), P<0.001 <12 Y/O: OR 20.09 (4.30, 93.83), P<0.001** >12 Y/O: OR 2.22 (0.87, 5.71), P=0.097			
WHERE TO GET CONTRACEPTION (ASKED OF GIRLS ONLY)	X OR 1.45 (0.93, 2.24), P=0.098				✓ **OR 2.66 (1.31, 5.42), P=0.007**			



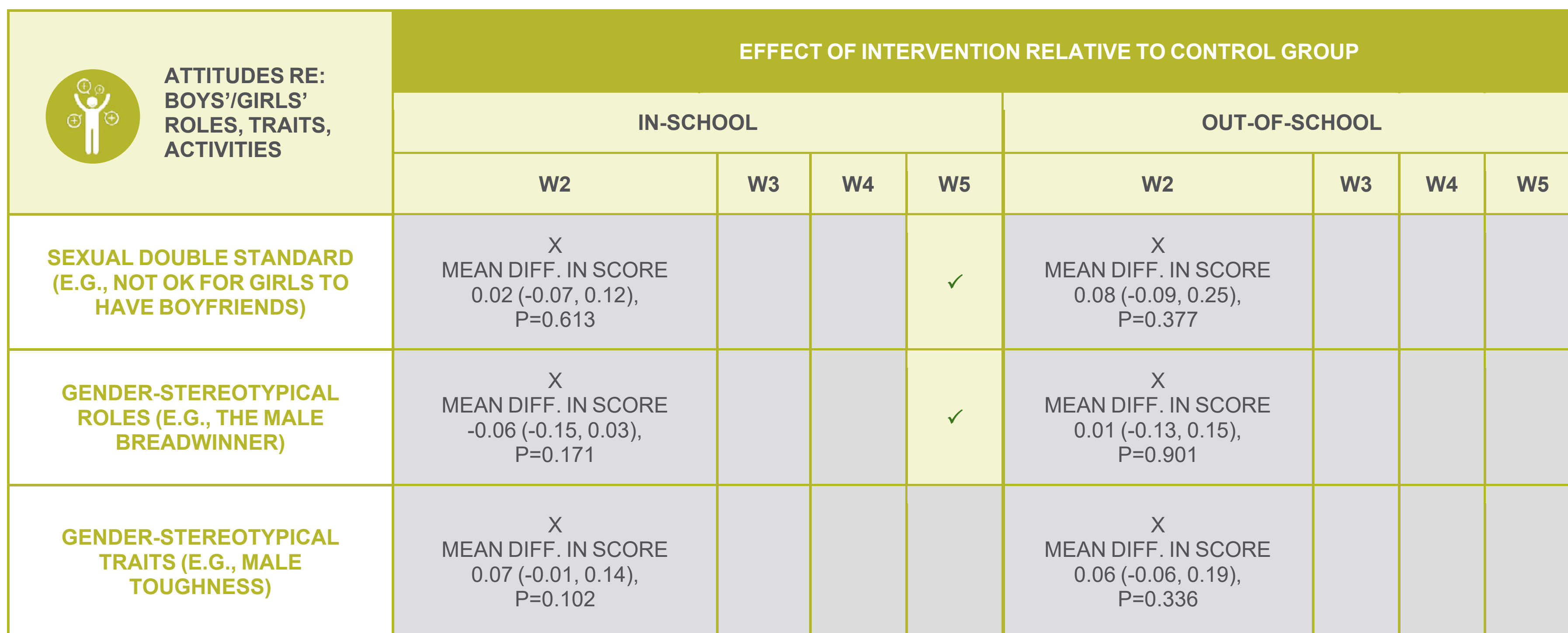
CONNECTEDNESS, PERCEIVED QUALITY OF SERVICES AND BODY COMFORT	EFFECT OF INTERVENTION RELATIVE TO CONTROL GROUP							
	IN-SCHOOL				OUT-OF-SCHOOL			
	W2	W3	W4	W5	W2	W3	W4	W5
CAREGIVER CONNECTEDNESS	✓ **MEAN SCORE DIFFERENCE 0.09 (0.00, 0.18), P=0.048**		✓		✓ **MEAN SCORE DIFFERENCE 0.22 (0.07, 0.38), P=0.005**	✓		
EXPECTATION OF GOOD TREATMENT IF SEEKING CONTRACEPTION (ASKED OF GIRLS ONLY)	X OR 1.46 (0.94, 2.26), P=0.090				X OR 1.92 (0.84, 4.41), P=0.124			
COMFORT WITH PUBERTAL DEVELOPMENT	X OR 2.39 (0.48, 11.97), P=0.289				X Effect not estimable[1]			
BODY SATISFACTION	X OR 1.03 (0.79, 1.34), P=0.847		✓		**(GIRLS ONLY) GIRLS: OR 2.79 (1.43, 5.42), P=0.003** BOYS: OR 0.82 (0.43, 1.53), P=0.527			

[1] Not estimable among OOS adolescents due to no variation in the responses (all yes) from intervention group at Wave 2.

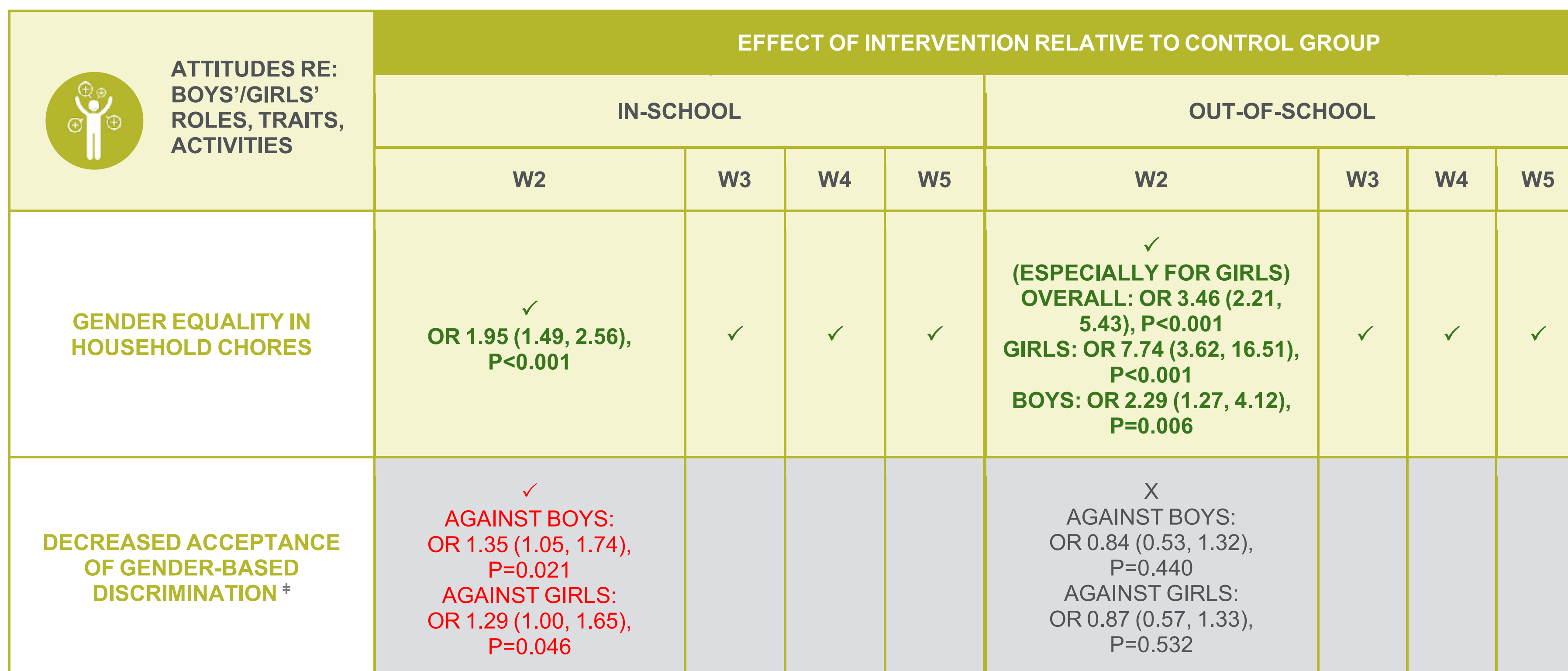


SRH COMMUNICATION WITH OTHERS ABOUT…	EFFECT OF INTERVENTION RELATIVE TO CONTROL GROUP							
	IN-SCHOOL				OUT-OF-SCHOOL			
	W2	W3	W4	W5	W2	W3	W4	W5
…BODY CHANGES	X OR 0.95 (0.75, 1.20), P=0.666				X OR 0.93 (0.63, 1.36), P=0.696			
…SEXUAL RELATIONSHIPS	X OR 0.84 (0.59, 1.21), P=0.360				✓ **(ESPECIALLY FOR GIRLS)** **OVERALL: OR 2.03 (1.11, 3.69), P=0.021** **GIRLS: OR 4.61 (1.78, 11.91), P=0.002** BOYS: OR 1.11 (0.50, 2.42), P=0.801			
…PREGNANCY AND HOW IT OCCURS	✓ **OR 0.69 (0.49, 0.97), P=0.032**	✓	✓ **ESPECIALLY FOR <12**		X OR 1.52 (0.86, 2.69), P=0.151			
…CONTRACEPTION	X OR 0.82 (0.58, 1.17), P=0.276	✓			✓ **(ESPECIALLY FOR <12Y/O)** **OVERALL: OR 1.93 (0.98, 3.79), P=0.055** **<12 Y/O: OR 14.12 (2.64, 75.46), P=0.002** >12 Y/O: OR 1.19 (0.55, 2.58), P=0.665	**<12 ONLY**		

Red check marks indicate statistically significant findings but in directions unanticipated based on the GUG Theory of Change.

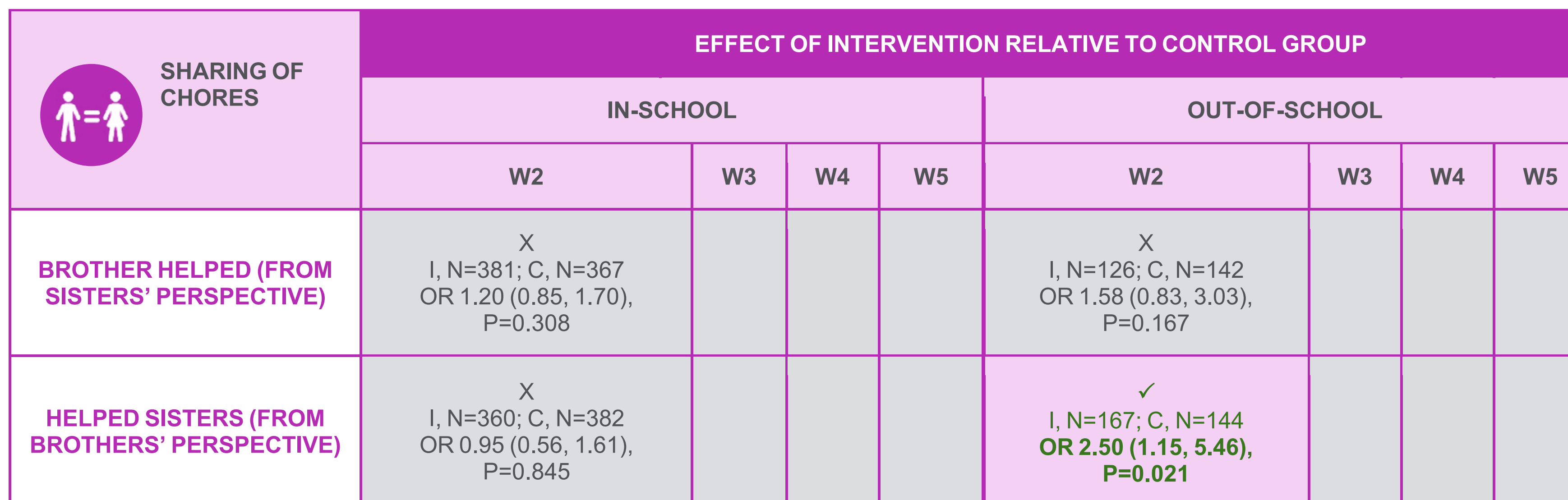


ATTITUDES RE: BOYS'/GIRLS' ROLES, TRAITS, ACTIVITIES	EFFECT OF INTERVENTION RELATIVE TO CONTROL GROUP							
	IN-SCHOOL				OUT-OF-SCHOOL			
	W2	W3	W4	W5	W2	W3	W4	W5
SEXUAL DOUBLE STANDARD (E.G., NOT OK FOR GIRLS TO HAVE BOYFRIENDS)	X MEAN DIFF. IN SCORE 0.02 (-0.07, 0.12), P=0.613			✓	X MEAN DIFF. IN SCORE 0.08 (-0.09, 0.25), P=0.377			
GENDER-STEREOTYPICAL ROLES (E.G., THE MALE BREADWINNER)	X MEAN DIFF. IN SCORE -0.06 (-0.15, 0.03), P=0.171			✓	X MEAN DIFF. IN SCORE 0.01 (-0.13, 0.15), P=0.901			
GENDER-STEREOTYPICAL TRAITS (E.G., MALE TOUGHNESS)	X MEAN DIFF. IN SCORE 0.07 (-0.01, 0.14), P=0.102				X MEAN DIFF. IN SCORE 0.06 (-0.06, 0.19), P=0.336			

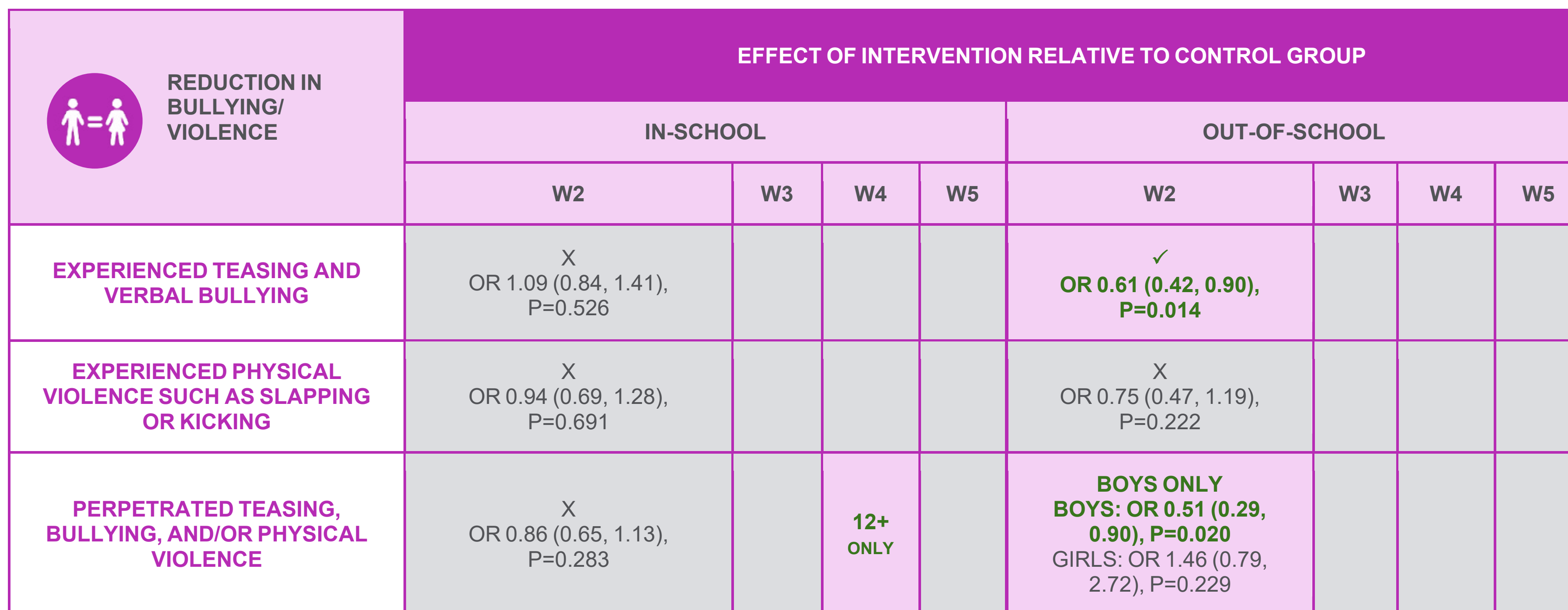


ATTITUDES RE: BOYS'/GIRLS' ROLES, TRAITS, ACTIVITIES	EFFECT OF INTERVENTION RELATIVE TO CONTROL GROUP							
	IN-SCHOOL				OUT-OF-SCHOOL			
	W2	W3	W4	W5	W2	W3	W4	W5
GENDER EQUALITY IN HOUSEHOLD CHORES	✓ OR 1.95 (1.49, 2.56), P<0.001	✓	✓	✓	✓ (ESPECIALLY FOR GIRLS) OVERALL: OR 3.46 (2.21, 5.43), P<0.001 GIRLS: OR 7.74 (3.62, 16.51), P<0.001 BOYS: OR 2.29 (1.27, 4.12), P=0.006	✓	✓	✓
DECREASED ACCEPTANCE OF GENDER-BASED DISCRIMINATION ‡	✓ AGAINST BOYS: OR 1.35 (1.05, 1.74), P=0.021 AGAINST GIRLS: OR 1.29 (1.00, 1.65), P=0.046				X AGAINST BOYS: OR 0.84 (0.53, 1.32), P=0.440 AGAINST GIRLS: OR 0.87 (0.57, 1.33), P=0.532			

‡ An odds ratio below 1.0 would indicate decreased acceptance of gender-based discrimination between Wave 1 and subsequent waves of data collection. An odds ratio greater than 1.0 indicates greater acceptance of gender-based discrimination between Wave 1 and subsequent waves of data collection.



SHARING OF CHORES	EFFECT OF INTERVENTION RELATIVE TO CONTROL GROUP							
	IN-SCHOOL				OUT-OF-SCHOOL			
	W2	W3	W4	W5	W2	W3	W4	W5
BROTHER HELPED (FROM SISTERS' PERSPECTIVE)	X I, N=381; C, N=367 OR 1.20 (0.85, 1.70), P=0.308				X I, N=126; C, N=142 OR 1.58 (0.83, 3.03), P=0.167			
HELPED SISTERS (FROM BROTHERS' PERSPECTIVE)	X I, N=360; C, N=382 OR 0.95 (0.56, 1.61), P=0.845				✓ I, N=167; C, N=144 **OR 2.50 (1.15, 5.46),** **P=0.021**			



REDUCTION IN BULLYING/ VIOLENCE	EFFECT OF INTERVENTION RELATIVE TO CONTROL GROUP							
	IN-SCHOOL				OUT-OF-SCHOOL			
	W2	W3	W4	W5	W2	W3	W4	W5
EXPERIENCED TEASING AND VERBAL BULLYING	X OR 1.09 (0.84, 1.41), P=0.526				✓ **OR 0.61 (0.42, 0.90), P=0.014**			
EXPERIENCED PHYSICAL VIOLENCE SUCH AS SLAPPING OR KICKING	X OR 0.94 (0.69, 1.28), P=0.691				X OR 0.75 (0.47, 1.19), P=0.222			
PERPETRATED TEASING, BULLYING, AND/OR PHYSICAL VIOLENCE	X OR 0.86 (0.65, 1.13), P=0.283		**12+ ONLY**		**BOYS ONLY** **BOYS: OR 0.51 (0.29, 0.90), P=0.020** GIRLS: OR 1.46 (0.79, 2.72), P=0.229			

APPENDIX B. SCALE-UP BENCHMARKS

	Benchmarks for the Scale-up of Growing up GREAT! Table of Key Indicators
	Scaling up targets (to be achieved by 2023): • The Growing up GREAT! (GUG) approach affects 10,300 VYAs (in-school and out-of-school). • The Ministry of Primary, Secondary, and Technical Education (EPST) integrates the GUG approach into relevant programs at the national and provincial in levels in Kinshasa. • The Ministry of Health (MOH) integrates the GUG approach into relevant programs at the national and provincial level in Kinshasa (in 4 health zones). • CBOs have sufficient capacity to complement and support GUG activities implemented by Ministries and/or other local NGOs (without the support of Save the Children).
	Population : 1,431,000 (Masina : 485,000 and Kimbanseke: 946,000)

	EXPANSION Benchmarks # 1.1 *Increase participation of VYAs and key adults to expand reach and impact within intervention zones*							
GUG's approach reached 10,300 VYAs (in-school and out-of-school) and 5,500 parents and community members	January 2020*	June 2020	January 2021	June 2021	January 2022	June 2022	Total (cumulative)	Goal
# in-school VYAs exposed to GUG	0	18,330	7,487	5,345	3,282	3,457	34,444	10,000
# in-school VYAs enrolled in school clubs	0	2,880	3,000	3,000	2,940	0	8,880	4500
# out-of-school VYAs enrolled in community clubs	0	313	387	387	0	270	657	300
# community members (including parents reached by GUG activities)	0	407	1,848	1,221	2,089	1,293	2,255	5,500
# neighborhoods (quartiers) reached by GUG (Out-of-school VYAs, parents and community reached by GUG)	18	0	18	18	18	18	18	18
# health facilities participating in GUG activities	0	0	0	0	14	14	14	15

INSTITUTIONALIZATION Benchmarks # 1.2
Institutionalize GUG! within the Ministry of Education, Ministry of Health, and community-based organizations for the sustainability

Institutionalization within the Ministry of Education (MOE)	January 2020*	June 2020	January 2021	June 2021	January 2022	June 2022	Total (cumulative)	Goal
# school implementing GUG through the MOE	0	96	100	100	98	98	**100**	100
# GUG Master Trainers within the MOE	43	0	0	0	0	0	**43**	43
# teachers trained on GUG by Master Trainers	290	0	0	0	0	27	**317**	300
# MOE annual work plans including GUG (central or provincial level)	0	0	0	0	0	0	**0**	2
# MOE annual budgets including GUG (central or provincial level)	0	0	0	0	0	0	**0**	2
# policy, strategy or training documents including GUG. Specifically: 1) Teacher training on the Family Life Education Program; 2) Guide to setting up and operating school clubs	2	0	0	0	0	0	**2**	2

Institutionalization within the Ministry of Health (MOH)	January 2020*	June 2020	January 2021	June 2021	January 2022	June 2022	Total (cumulative)	Goal
# health zones conducting GUG health exchange visits	0	0	0	0	0	5	**5**	4
# GUG Master Trainers within the MOH	20	0	0	0	0	0	**20**	20
# health facility staff trained on GUG by Master Trainers	62	0	0	0	0	0	**62**	50
# community health workers trained on GUG by Master Trainers	22	0	0	0	0	0	**22**	20
# MOH annual work plans including GUG (central or provincial level)	0	0	8	0	0	0	**8**	2
# MOH annual budgets including GUG (central or provincial level)	0	0	1	0	0	0	**1**	2
# policy, strategy or training documents including GUG	1	0	1	0	0	0	**2**	2

Institutionalization within community-based organizations (CBOs)	January 2020*	June 2020	January 2021	June 2021	January 2022	June 2022	Total (cumulative)	Goal
# CBOs with the capacity to provide support for GUG implementation (independent/ external technical support)	4	0	1	2	4	4	**6**	6
# CBOs that have integrated or proposed to integrate GUG into existing or new projects with their own funding	0	0	1	2	0	0	2	2

	LEARNING Benchmarks # 1.3 *Generate increased understanding of scale-up and adaptive management of gender-transformative SRH programs through implementation of GUG*							
Document the GUG implementation approach and adjustments made to improve the sustainability of the project.	January 2020*	June 2020	January 2021	June 2021	January 2022	June 2022	Total (cumulative)	Goal
# learning and reflecting meetings held by GUG staff and stakeholders	0	2	2	1	0	1	**6**	6
# learning studies (completed) exploring a topic/ issue relevant to possible adaptations	0	0	1	0	0	0	**1**	1
# adaptations made to GUG (documented in IMT) based on implementation experience and/or results	0	4	1	0	0	0	**5**	12